Maternal and Child Health Services
Title V Block Grant

State Narrative for Wisconsin

Application for 2011
Annual Report for 2009

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I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.
An attachment is included in this section.

B. Face Sheet

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

C. Assurances and Certifications

ASSURANCES & CERTIFICATIONS Attached
An attachment is included in this section.

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published March 2009; expires March 31, 2012.

E. Public Input

In Wisconsin, the opportunity for public input into the Title V planning process has been ongoing, utilizing a variety of methods at both the state and local levels. These methods have included placement of the majority of the MCH Block Grant Application on the Department of Health Services' web page to make it available for public review and input; extending a formal request for input from the Maternal & Child Health Advisory Committee, the Birth Defects Council, the Newborn Screening Umbrella Committee, local health departments and statewide projects that receive MCH funding as well as any interested stakeholders in the spring of each year, and establishing an on-line survey tool and dedicated email address (DHSDPHMCH@wisconsin.gov) to gather responses. In addition, Family Voices of WI conducts a listening session every year at the Circles of Life Conference for families of children and youth with special health care needs to determine the strengths and areas for growth in the current structure of services available. Informally, individual MCH staff receive input from partners in writing via email or verbally via face to face conversations or telephone throughout the year.

As part of ongoing quality improvement processes undertaken by the MCH/CYSHCN Programs while planning for the upcoming five year block grant cycle for 2011-2015, improving public input was identified as an area to strengthen. Three specific action steps toward this goal have been taken in anticipation of the 2011 application including:

1. Expanded membership of the MCH Advisory Committee to include a greater number of MCH and CYSHCN partners, including parents with close to 100 invited participants. These participants represent a wide variety of stakeholders, including staff from reproductive health, newborn screening, oral health and injury & violence prevention programs as well as other DHS Programs, Departments of Public Instruction and Children and Families, and local health departments. Some of the partners and agencies participating included the Regional CYSHCN Centers; WI Coalition Against Sexual Assault; Great Lakes Inter-Tribal Council; WI Association of Perinatal Care; WI Family Ties; Family Voices of WI; UW School of Medicine and Public Health; Children's Service Society of WI; Children's Hospital of WI; UW Waisman Center -- LEND Program and Clinical Services; Infant Death Center of WI; Family Planning Health Services; Black Health Coalition of WI; WI Alliance for Women's Health; March of Dimes; Disability Rights

WI; First Breath Program; and Mental Health America of WI.

2. Focused utilization of the expanded MCH Advisory Committee in the identification of values to guide the needs assessment process, identification of needs of the maternal and child health populations, the development of issue maps and approval of strategies to guide the direction of the MCH Program over the next five year cycle, especially identifying where collective resources could result in better outcomes for women and children in the state.

3. Conducted an evaluation process based on the participatory research model to identify methods to improve the understanding of and input received from the MCH Advisory Committee members and partners in future years.

These activities resulted in greater numbers of people providing meaningful input in the development of the 2011 Application and a plan to strengthen the public input process for future applications. It is anticipated in future years that public input will be received through at least the following:

• a formal all-day MCH Advisory Committee Block Grant review to be held annually;
• the development of an Executive Summary of the MCH Block Grant;
• the development of specific questions to be answered by the public based on review of the Executive Summary; and
• the sharing of excerpts of the application on-line for review throughout the year by key partners and stakeholders.

II. Needs Assessment

In application year 2011, the 2010 Needs Assessment will be attached to this Section II.

An attachment is included in this section.

C. Needs Assessment Summary

As the needs assessment process began in late 2008, the vision of Wisconsin's Title V leaders was to involve the community of interest and stakeholders in a data driven process to bridge the needs of women, infants, children, including children with special health care needs and the strategies for their solution. The Wisconsin Title V Program embraced the unique opportunity the needs assessment provided to implement statewide results-based accountability strategies to improve the health of the maternal & child health populations. As such, the needs assessment was approached as the essential first step of a larger comprehensive strategic planning effort which identifies priorities and provides a roadmap for guiding local and state public health activities to address the priorities identified during the next five-year phase of the Title V MCH Block Grant.

Consideration was given to multiple factors in selecting Wisconsin's priorities including findings from a review of data trends and data analysis; local health department input; statewide projects and funded organizations input; MCH Advisory Committee issue mapping and analysis; capacity assessment of the Family Health Section; and ongoing input from the Family Health Section staff, DPH administration, and Regional and Local Public Health staff.

The eight priorities identified by the needs assessment process align with the Department of Health Services' State Health Plan, Healthiest Wisconsin 2020 and the Bureau of Community Health Promotion's mission to have Healthy People at Every Stage of Life.

The priorities of the Wisconsin Title V Program for 2011-2015 are:
a) Reduce health disparities for women, infants, and children, including those with special health care needs.
b) Increase the number of women, children, and families who receive preventive and treatment health services within a medical home.
c) Increase the number of children and youth with special health care needs and their families who access necessary services and supports.
d) Increase the number of women, men, and families who have knowledge of and skills to promote optimal infant and child health, development, and growth.
e) Increase the number of women, children, and families who have optimal mental health and healthy relationships.
f) Increase the number of women, men, and families who have knowledge of and skills to promote optimal reproductive health and pregnancy planning.
g) Increase the number of women, children, and families who receive preventive screenings, early identification, and intervention.
h) Increase the number of women, children, and families who live in a safe and healthy community.

These eight priorities differ slightly from the previously identified priorities because of the increased emphasis on life-long prevention and the recent research on the life course theory. The eight priorities are not specific risk or protective factors, but provide the base to support and implement interventions that target these factors as early as possible and acknowledge the role of families, the health system and communities to impact the influence of the risk and protective factors on an individual's health.

Attachment II.C - Table 1 (see attached) compares the priorities identified in 2005 with the priorities identified in this recent Needs Assessment process.

The scope of the priorities for 2011-2015 is broad and can only be addressed through work undertaken in collaboration with a variety of internal and external partners. Statewide and local activities to address the priorities have been developed and will be implemented over the next five years. Many factors may influence the activities being implemented to address each priority. Although the activities may change over time, the priorities themselves will stay the same unless ongoing surveillance of the needs of mothers and children indicates changes are needed.

Measurements to monitor progress have been established which has resulted in changes to some of the previous State Performance Measures. Ongoing evaluation and an annual assessment of progress on both National and State Performance Measures will be conducted to measure effectiveness over time. Attachment II.C. - Table 2 (see attached) crosswalks the State's priorities, National Performance Measures, State Performance Measures, related Outcomes and Health Status Indicators and measurements identified in Healthiest Wisconsin 2020.

An attachment is included in this section.

III. State Overview

A. Overview

HEALTHIEST WISCONSIN 2020

DHS is required by WI Statute 250.07 to develop a state public health agenda at least every 10 years. Planning for Healthiest Wisconsin 2020 (HW2020) began in 2008 and will be completed in 2010. The collaborative process involves a 54-member Strategic Leadership Team appointed by the DHS Secretary, 23 Focus Area Strategic Teams and Support Teams, and Community Engagement Forums with direct links to the WI Public Health Council and the WI Minority Health Leadership Council.

The plan is grounded in science, measurement, strategic planning, quality assurance, and collaborative leadership that engage partners and promote shared responsibility and accountability across sectors. The vision for HW2020 is Everyone Living Better Longer. The overarching goals are to improve health across the lifespan and achieve health equity.

Two or more measureable objectives have been identified for each of 23 Focus Areas for HW2020.

Overarching Focus Areas are: 1) Social, economic, and educational factors, and 2) Health disparities*.

Infrastructure Focus Areas are: 1) Access to quality health services*, 2) Collaborative partnerships for community health improvement*, 3) Diverse, sufficient, competent workforce that promotes and protects health*, 4) Emergency preparedness, response and recovery, 5) Equitable, adequate, stable public health funding, 6) Health literacy and health education*, 7) Public health capacity and quality, 8) Public health research and evaluation*, and 9) Systems to manage and share health information and knowledge.

Health Focus Area are: 1) Adequate, appropriate, and safe food and nutrition, 2) Chronic disease prevention and management, 3) Communicable disease prevention and control, 4) Environmental and occupational health*, 5) Healthy growth and development*, 6) Mental health, 7) Oral health*, 8) Physical activity, 9) Reproductive and sexual health*, 10) Tobacco use and exposure, 11) Unhealthy alcohol and drug use, and 12) Violence and injury prevention*.

Ten pillar objectives address overarching and recurring themes: 1) Comprehensive data to track health disparities, 2) Resources to eliminate health disparities, 3) Policies to reduce discrimination and increase social cohesion, 4) Policies to reduce poverty, 5) Policies to improve education, 6) Improved and connected health service system, 7) Youth and families prepared to protect health, 8) Environments that foster health and social networks, 9) Capability to evaluate the effectiveness and health impact of policies and programs, and 10) Resources for governmental public health infrastructure.

The Title V Program has had significant input into HW2020. There is representation on the Strategic Leadership Team with input to identify the 23 focus areas representing the factors influencing the health of the public. The Title V Program advocated for the state health plan to reflect a life course approach, acknowledging the health impact of early life events and critical developmental periods as well as the wear and tear a person experiences over time. Title V staff facilitated, recorded and provided technical assistance to support the work of 11 of the 23 Focus Area Strategic Teams including Healthy Growth and Development, Reproductive and Sexual Health, Violence and Injury Prevention, Health Disparities and others identified by an asterisk in the list above. This work involved defining the focus area, reviewing related data, identifying key objectives, measures and rationale, and identifying science-based strategies to meet the objective. Objectives for select focus areas were also identified for the Children and Youth with

Special Health Care Needs population on advice from the Title V Program.

PROGRAM INTEGRATION

DPH has a 10 year plus history of advocating program integration. MCH has been an active partner since the beginning and the current DPH Program Integration Workgroup is co-chaired by MCH staff. Two years ago the life course perspective was adopted and included the development of Healthy People at Every Stage of Life Framework. This framework incorporated 6 key messages as defined by the Bureau of Community Health Staff: Plan Ahead, Eat Well, Be Active, Breathe Well, Be Safe, and Achieve Mental Wellness. The Family Health (FHS) Section has fully incorporated this framework and the supporting key messages across all of the program areas (see Attachment III.A. - Healthy People at Every Stage of Life Framework)

In addition to the internal efforts, WI is one of 6 states currently participating in a CDC Chronic Disease 3-year pilot (01/2009 to 12/2011) to help develop the future of chronic disease programming. While MCH is not an official component of the pilot, WI has incorporated MCH staff as part of the pilot leadership team with the intent of normalizing program integration across the Bureau. This approach fits with the life course perspective given that many chronic conditions share common risk factors (e.g., smoking, poor diet, lack of exercise) and by utilizing our "collective effort" we can reduce duplicative efforts and maximize efficiency of program resources. In order to have a true impact in wellness and healthy promotion we have to take an upstream approach and include the maternal and child health population.

ELIMINATING RACIAL AND ETHNIC DISPARITIES IN BIRTH OUTCOMES

Eliminating racial and ethnic disparities in birth outcomes has been identified as one of the highest priorities for WI. In the recently released, HW2020, the elimination of health disparities is 1 of 3 overarching focus areas. A new objective, to reduce racial and ethnic disparities in poor birth outcomes by 2020, including infant mortality, has been created.

In 2008, 501 WI infants died during the first year of life. Of these, 315 were white and 100 were African American. The white infant mortality rate of 5.9 deaths per 1,000 live births in WI was above the national Healthy People 2010 objective of 4.5 deaths per 1,000 live births. Infant mortality rates for WI's racial/ethnic minority populations were much further from this objective; the African American infant mortality rate in 2006-2008 was 15.2.

During the past 20 years, infants born to WI African American women have consistently been 3-4 times more likely to die within the first year of life than infants born to white women. Further, during the past 20 years, no sustained decline has occurred in WI's African American infant mortality rate. If African American infant mortality were reduced to the white infant mortality level, 57 of the 100 deaths would have been prevented. Compared to white infant mortality, disparities also exist among American Indian, Laotian, Hmong, and Hispanic/Latina populations, although disparities are smaller than those for African Americans.

Compared to other reporting states and the District of Columbia, WI's infant mortality ranking has worsened since 1979-1981. In 1979-1981, WI had the third best African American infant mortality rate (a rank of 3 among the 33 reporting states and the District of Columbia). In 2003-2005, WI had the third worst African American infant mortality rate, with at rank of 38 out of 39 reporting states and the District of Columbia. WI's rank based on white infant mortality rates also worsened relative to other states, moving from a rank of 5 in 1979-1981 to 13 in 2003-2005. WI's white infant mortality rate improved during the past two decades, but the improvement did not keep pace with other states.

In response to these startling statistics, WI established a statewide initiative to eliminate racial and ethnic disparities in birth outcomes. The following is an outline of the major highlights and components of this initiative:

Awareness and Promotion

• 2003--Statewide Summit: WI prioritizes racial and ethnic disparities in birth outcomes--MCH Program, other state and local MCH advocates sponsor event with national expert Dr. Michael Lu of UCLA presented life-course perspective on reducing disparities in birth outcomes; Healthy Babies regional action teams supported by Title V funds, and subsequent summits have been held, co-sponsored by March of Dimes and the Assoc. of Women's Health, Obstetric and Neonatal Nurses; Title V Program identifies a 1 FTE, Director of Disparities in Birth Outcomes (Patrice Onheiber)
• 2004--Milwaukee Forum: DHS/DPH host Milwaukee forum on Racial and Ethnic Disparities in Birth Outcomes with Mayor Barrett, Secretary Nelson, and Medicaid Program and expands focus of the issue to include Racine, Kenosha, and Beloit
• 2006--HRSA Community Strategic Partnership Review: HRSA brings together key partners to select infant mortality as the key population-based health indicator for collaborative state and local efforts in Milwaukee
• 2006 and ongoing--Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes: established to advise the DHS in the implementation of the initiative's Framework for Action and held town hall meetings to raise awareness, monitor progress, and promote best practices; established workgroups on communication and outreach, data, evidence-based practices, and policy and funding; committee meets 2 times/year; website provides list of participating organizations (http://dhs.wisconsin.gov/healthybirths)
• 2007--UW Partnership Funds: State Health Officer and MCH Chief Medical Officer deliver presentation in April to the WI Partnership Fund of the UW School of Medicine and Public Health; Dean Robert Golden reports to UW Regents in May that the school is willing to make a multi-year resource commitment to address the issue
• 2008-2009--Focus Groups and Social Marketing: begin community-driven social marketing efforts with state Minority Health Program funds and federal funds; national experts brought on to technical advisory group
• 2008 and ongoing--DHS Performance Measure: eliminating racial and ethnic disparities in birth outcomes selected as a department-wide performance measure and a DPH priority initiative that is tracked and monitored
• 2009--A Response to the Crisis of Infant Mortality: Recommendations of the Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes released in July 2009 (http://dhs.wisconsin.gov/healthybirths/advisory.htm)
• 2009 and ongoing--Journey of a Lifetime Campaign: DHS Secretary Timberlake launches campaign in Milwaukee and Racine; ABCs for Healthy Families and campaign are presented at MCHB Partnership meeting in Washington DC, Delaware conference, and National WIC Association conference
• 2010 and ongoing--text4baby: DPH, Title V, and ABCs for Healthy Families join National Healthy Mothers Health Babies Coalition to promote text4 baby messages for pregnant and new moms
• 2010--Legislative Study on Infant Mortality: a Legislative Council Study on Infant Mortality has been proposed, as the result of a legislative briefing on eliminating racial and ethnic disparities in birth outcomes, organized by Rep. Cory Mason of Racine at Wingspread in January 2010
• 2010--Legislative Study on Strengthening Families: a Legislative Council study will in its final year of appointment focus on early brain development co-chaired by Sen. Lena Taylor and Rep. Steve Kestell

State and Federal Funds

• 2005--Home Visiting in Milwaukee: DPH awards $4.5 million, 5-year TANF home visiting program to City of Milwaukee Health Department; by 2007, program demonstrating positive birth outcomes in 6-central city zip code area; program expanded to additional zip codes
• 2007 and ongoing--Home visiting in Racine: 2007 Wisconsin Act 20 authorizes $500,000 of GPR each biennium to reduce fetal and infant mortality and morbidity in Racine--ongoing TA

provided
• 2008-2010--ABCs for Healthy Families: DHS receives $498,000 from HRSA/MCHB for First Time Motherhood-First New Parents Initiative, 2-year federal social marketing grant to reduce African American infant mortality in Milwaukee and Racine
• 2009 and ongoing--Wisconsin Partnership Funds: UW School of Medicine and Public Health announces $10 million, 5-year Lifecourse Initiative For Healthy Families (LIHF) to improve birth outcomes and reduce African American infant health disparities in Milwaukee, Racine, Kenosha, and Beloit

Statewide Collaborative Efforts

• 2003 and ongoing--Healthy Start: Title V staff participate on committees of Milwaukee Healthy Beginnings and Honoring our Children Healthy Start projects
• 2008 and ongoing--Medicaid: Title V staff collaborate with Medicaid to redesign Prenatal Care Coordination services and certification and provide recommendations for establishing a registry for high risk pregnant women
• 2009 and ongoing--Wisconsin Medical Home Pilot for Birth Outcomes: collaborate with Medicaid Program to establish a Medical Home Pilot and pay-for-performance benchmarks to reduce poor birth outcomes among high-risk pregnant women; implement evidence-based practices recommendations and provide information on mental health and social services referrals for the new Medicaid Managed Care Organizations in southeastern Wisconsin
• 2009 and ongoing--FIMR: Title V staff are working with the local health departments in Milwaukee, Racine, and Madison/Dane County on continuing local or establishing regional FIMRs with plans to work with Rock County
• 2009 and ongoing--UW LIHF: Title V Chief Medical Officer and Southeastern Regional Office Deputy Director are steering committee members of UW LIHF; MCH staff, including Director of Disparities in Birth Outcomes, provide ongoing technical assistance
• 2009 and ongoing--Home Visiting: jointly plan with Department of Children and Families for state and federal home visiting services, including Empowering Families of Milwaukee at the City of Milwaukee Health Department and Family Foundations home visiting services throughout the state
• 2009 and ongoing--Centering Pregnancy: DHS provided start-up funds for Centering Pregnancy prenatal care at Milwaukee Health Services and provide TA to other providers who want to promote it
• 2009-2010--Kellogg Action Learning Collaborative: support the Partnership to Eliminate Racial and Ethnic Disparities in Infant Mortality, action learning collaborative on racism and fatherhood in Milwaukee; ABCs for Healthy Families collaborate on messages for fathers
• 2009 and ongoing--PRAMS: use the Pregnancy Risk Assessment Monitoring System data to help inform MCH program priorities
• 2006 and ongoing--Wisconsin Minority Health Program: collaborate together and through Healthiest Wisconsin 2020 to improve birth outcomes for African American women
• 2008 and ongoing--WIC: support WIC efforts to increase breastfeeding and early enrollment for African American women participating in WIC; promote WIC services through Journey of a Lifetime campaign; presented the campaign at the National WIC conference in May 2010 in Milwaukee

See also the extensive catalog of "Initiatives Addressing Disparities in Birth Outcomes in Wisconsin", compiled by the Center for Urban Population Health, April 2010 (http://www.cuph.org)

American Recovery and Reinvestment Initiative

BCHP is a recipient of Federal stimulus dollars from the Prevention and Wellness Strategies funds totaling $10,690,350 for the two year grant period February 2010 to 2012. WI received State Supplemental-State and Territories funding for 3 components related to reducing obesity by increasing physical activity and healthy eating and decreasing tobacco use with the following

focus on policies: 1) Promote state-wide policy and environmental changes that focus on health behaviors including 60 minutes of daily physical activity, farm to school nutrition, and compliance with smoke free work place laws, 2) Provide state level policy change in schools and child care settings, assuring 60 minutes of daily physical activity for youth 2-18, and 3) Expand and enhance tobacco cessation services through the Quit Line. WI also received Communities Putting Prevention to Work funds to implement evidence-based policy and environmental change that will reduce obesity and promote healthy living in LaCrosse and Wood Counties. Examples of select MAPPS strategies (media, access, point of purchase, pricing, and social support and services) include: increasing the availability and accessibility of healthy foods such as farm to school programs, increasing safe routes to school and decreasing screen time. A goal of the BCHP is to create an organizational culture where program integration is the norm. This approach assures that the Title V MCH Program activities will be integrated with ARRA-funded activities related to nutrition, physical activity and tobacco control services.

Federal Health Care Reform

The Patient Protection and Affordable Care Act includes a number of MCH-related provisions. The expansion of insurance coverage to many women and children will mean that women will have coverage for preconception and interconception care and CYSHCN will have better insurance coverage. Provisions to increase access to community health centers, school-based clinics and health care homes in Medicaid offer additional opportunities for collaboration. Workforce provisions to increase the primary care and public health workforce, promote community health workers, and support training in cultural competency and working with individuals with disabilities are of special interest to Title V.

The MCH population will greatly benefit from funds to expand prevention and public health programs. Three new sections in Title V create significant opportunities to enhance MCH activities in Wisconsin.

• Maternal, Infant, and Early Childhood Home Visiting Programs supports goals of DHS in many public health programs including healthy birth outcomes, maternal health, infant and child health and development, injury prevention, domestic violence prevention and substance abuse and mental health prevention and treatment. This grant opportunity builds upon and expands the reach of the MCH programs' work over the last decade to implement ECCS and LAUNCH grants which support effective, integrated systems of services for young children to age 8 years across agencies in key areas of health, development including social-emotional wellness, safety, early education, and parent support and skill building.

• Personal Responsibility Education grants to states will fund programs to educate adolescents on both abstinence and contraception for prevention of teenage pregnancy and sexually transmitted infections including HIV/AIDS. Education also includes adulthood preparation subjects. These funds could be used to expand the work of the Milwaukee Adolescent Pregnancy Prevention Partnership serving African American teens, ages 15-19, to provide outreach and access to the Family Planning Waiver. Activities could include expansion of Plain Talk by the City of Milwaukee Health Department focusing on parent-child communication related to sexual health, and expansion of life skills development training currently provided by New Concepts.

• Services to Individuals with a Postpartum Condition and their Families grants will fund health and support services for women with or at risk for postpartum depression and postpartum psychosis. The MCH program is positioned to apply for funds to: 1) Expand Women's Health Now and Beyond Pregnancy interconception services to include a focus on depression screening, referral and follow-up, 2) Implement a quality improvement project focused on postpartum depression with Prenatal Care Coordination Providers participating in regional provider meetings, 3) Integrate services to individuals with a postpartum condition into home visiting programs, and 4) Increase training to public health nurses and others via the new mental health certificate program, the endorsement program, and Pyramid training for social and emotional health.

LEGISLATIVE INITIATIVES

A number of initiatives from the 2009-2011 Legislative Session will directly benefit the MCH population of WI:
• Cochlear Implant Insurance Mandate--Insurance companies are required to provide coverage for hearing aids and cochlear implants for children
• Newborn Hearing Screenings--All infants born in WI are required to have a hearing screening with referrals to intervention programs for hearing loss
• Autism--Disability insurance policies and self-insured health plans sponsored by the state, county, city, town, village or school district are required to cover certain services for children with an autism spectrum disorder at a minimum of $50,000/yr for intensive level services and $25,000/yr for non-intensive services; A licensure and regulation program was created for autism treatment behavior analysts
• Dental education outreach facility--$10 million in state bonding will be provided to Marshfield Clinic to construct a facility to educate dental health professionals
• WI State Statute 253.16--Right to Breastfeed in Public was signed into law March 2010
• Clean Indoor Air Act--A comprehensive smoke-free workplace law covering all restaurants and taverns in WI will go into effect 07/06/2010
• Operating While Intoxicated--WI citizens who choose to drink and drive will face tough new penalties
• Farm to School--A statewide Farm to School Advisory Council, a statewide coordinator and grant program will support Farm to School programs, with schools accessing fresh fruits and vegetables from WI farms
• Healthy Youth Act--Schools that teach sex education are required to provide comprehensive information about abstinence and sexually transmitted infections and pregnancy prevention strategies such as birth control and condom use
• Expedited Partner Therapy--Health care professionals are allowed to prescribe medication to treat certain sexually transmitted infections for the sexual partner of a patient without requiring an exam
• HIV--Updates to WI statutes improve HIV testing, disclosure and reporting; Testing for pregnant women will be done unless the woman opts out; A medical home pilot will be established for patients with HIV and Medicaid
• Mental Health Parity--Group Health insurance policies are required to cover addictions and mental disorders on par with other illnesses; Unlike the federal parity law, the WI bill applies to insurance policies provided by small employers as well as big companies; The measure also eliminates the minimum annual coverage requirements that insurers previously had to provide
• Badger Care Plus Basic--See below

BADGERCARE PLUS

DHS recently implemented a number of important health care reform initiatives designed to increase access to health care for more low income Wisconsin residents. One of the most significant changes in improving access to health care in Wisconsin has been the implementation of the BadgerCare Plus program (http://dhs.wisconsin.gov/badgercareplus) to include a wider group of eligible participants.
BadgerCare Plus is WI's Program for Title XIX (Medicaid) and Title XXI (SCHIP) for children, providing health insurance coverage for all children up to age 19, regardless of income; for pregnant women with incomes up to 300% of the federal poverty level; for parents, caretaker relatives, and other adults with qualifying incomes. See (https://dhs.wisconsin.gov/badgercareplus) for a complete description of those eligible.

According to the two-year average comparison based on national census data from 2006-2007, WI had the 2nd lowest uninsured rate for children at 5.3% and the 3rd lowest uninsured rate for the non-elderly population (0-64 years) at 9.6%. However, census data from 2008 released 9-09 indicates that WI slipped to fourth place for the overall rate of uninsured, behind Massachusetts, Hawaii, and Minnesota.

According to the 2007 WI Family Health Survey:
• 91% of Wisconsin residents were covered by health insurance for the entire year
• 5% had no coverage for the entire prior year and of those, 90% were childless adults
• Significant decrease in the rate of uninsured from 8% in 2006 to 6% in 2007
• Percentage of children 0-17 uninsured all year decreased from 4% in 2006 to 2% in 2007
• Over 99% of the elderly have coverage
• African American, Hispanic and American Indian adults, ages 18-64, were more likely to be uninsured than were non-Hispanic white adults of the same age group
• Nine percent of children 0-17 living in poor or near-poor households were uninsured for part or all of the past year, compared to 3% of children in non-poor households

In February 2008, the BadgerCare Plus program expanded coverage to all uninsured children and increased the program income limits for pregnant women, parents, and self-employed residents. Since then there have been an enrollment increase in Wisconsin's Medicaid and Children's Health Insurance Program (CHIP) programs of 137,522 individuals.

More recently, the BadgerCare Plus Core Plan was implemented for low-income, childless adults without health insurance. As of 10/09/2009, over 32,000 childless adults have been enrolled in the Core Plan. Because the number of applications submitted exceeds the available funding, the Department suspended enrollment into the program on October 9 and established a waitlist. In the 2010 Legislature, a proposal to implement a self-funded Basic Plan for those on the sizable Core Plan waiting list was enacted into law. The Legislature approved the basic plan which Badgercare Plus officials hope will serve as a bridge to the more comprehensive coverage options offered by the enactment of national health systems reform.

In addition, DHS is in the process of expanding the Family Care entitlement program statewide and recently implemented the Long Term Care Partnership Program to allow moderate income consumers access to affordable long-term care insurance regardless of assets. Finally, the Department is planning to eliminate the "asset limit" for blind and disabled children who are in need of Medicaid long-term care.

State legislation was recently enacted to increase the maximum age for dependent coverage. Beginning January 1, 2010, adult children will be able to stay on their parents' health insurance plan until they reach age 27, regardless of their school status.

While the expansion of BadgerCare Plus is a significant improvement for low income residents of WI, it does not address the underinsured or the adult population with income above program limits. It also does not address the rising cost of insurance premiums or the decreasing rate of employer sponsored insurance.

ACCESS is a set of online tools developed by DHS (https://access.wisconsin.gov/access), for public assistance programs, including FoodShare, Healthcare, Family Planning Waiver, and Child Care, that allows customers and prospective customers to assess eligibility for programs, check case benefits and report case changes and online program application. For many, this is an appealing alternative to office visits and phone calls. Although they may not own a personal computer, a growing number of customers do have access to computers -- through friends or family, at work, at school or at the library. Others use online tools with the help of staff/volunteers at food pantries, clinics, HeadStart programs, Community Action Agencies, WIC clinics, Job Centers, etc.

The goals of the ACCESS project are to:
• Increase participation in FoodShare, Medicaid, and other programs
• Improve customer service and satisfaction
• Improve FoodShare payment accuracy
• Ease workload for local agencies

Some of the key features of ACCESS are:
• Design was based on direct input from customers. More than 15 focus groups and design review sessions were undertaken with low-income residents of Wisconsin
• Friendly, encouraging text written at a 4th grade reading level
• Personalized pages, results and next steps
• Quick, simple, intuitive navigation
• For some people, ACCESS is the first website they've ever used
• Assurance about privacy. Some are nervous about giving personal information online

The major components of ACCESS are:
• Am I Eligible? -- A 15-minute self-assessment tool for:
  * FoodShare
  * All subprograms of Medicaid
  * SeniorCare and Medicare Part D
  * Women, Infants and Children (WIC)
  * The Emergency Food Assistance Program
  * School meals and summer food assistance
  * Tax credits (EITC, Homestead and Child Credit)
  * Home Energy Assistance
• Check My Benefits -- An up-to-date information segment (begun 09/30/2005) that includes:
  * Displays information about Medicaid, FoodShare, SeniorCare, Child Care, SSI Caretaker Supplement benefits
  * Information displayed is based on why customers call their workers
  * Provides data directly from CARES (automated eligibility system)
  * Data is "translated" to make it more understandable
  * Data is furnished real time at account set-up, and is then updated nightly
• Apply For Benefits -- An online application for FoodShare, Medicaid, the Family Planning Waiver program, and Child Care

DATA SYSTEMS
The State Systems Development Initiative (SSDI) Program carries out activities identified as essential in improving data capacity for the Title V MCH Program: 1) providing leadership to the needs assessment process, 2) assuring availability and utilization of data to drive MCH work at the local, regional and state levels and across stakeholders, 3) linkage activities such as the Newborn Health Profile, and 4) increasing access to and strengthening use of MCH related data within the framework of the strategic planning process. The MCH program staff administer and support several data systems including SPHERE, PRAMS, WE-TRAC, and WBDR.

SPHERE: a web-based Secure Public Health Electronic Record Environment for collecting data for MCH, CYSHCN, and Family Planning/ Reproductive Health; developed in 2002 and released in 8/2003. SPHERE is a comprehensive system to document and evaluate public health activities and interventions at the individual, household, community, and system level. It utilizes 18 interventions as the framework for the system based on the "Intervention Model" (Minnesota Wheel) to document services provided. These interventions include: Surveillance; Disease and Health Event Investigation; Outreach; Case-Finding; Screening; Referral and Follow-up; Case Management; Delegated Functions; Health Teaching; Counseling; Consultation; Collaboration; Coalition Building; Community Organizing; Advocacy; Social Marketing; Policy Development; and Policy Enforcement. Subinterventions are associated with each Intervention and some include detail screens. There are currently 1,484 SPHERE users (active and inactive) representing 159 local organizations including all LHDs, Regional CYSHCN Centers, private not-for-profit agencies, private agencies including hospitals and clinics, and tribal health centers. Currently there are 238,143 clients in SPHERE and 963,464 activities. In 2009, SPHERE was used to document public health activities on 52,081 unduplicated clients with 153,488 Individual Public Health Activities; 2,790 Community Activities, and 1,494 System Activities.

Public health services provided to individual clients are reported as a snapshot in time. The

Infant Assessment Summary Report based on infant assessments entered into SPHERE tells how many infants are being breastfed, sleeping in the back position, up-to-date on immunizations and well-child exams, and use a car seat. These data allows an agency to evaluate services that are being provided and the outcomes of those services. SPHERE required data is used for reporting the number of unduplicated clients served by the Block Grant and some outcome data.

DPH collaborates with the Office of Policy and Practice, Vital Records to use SPHERE to transmit confidential birth record reports to LHDs. Leveraging the existing security infrastructure of SPHERE ensured that access to birth records was restricted to only those individuals with assigned permissions and only those records for their particular jurisdiction. Recent enhancements to SPHERE include populating birth record data to the Postpartum and Infant Assessment screens. In 2005, a governance structure for the DPH Public Health Information Network (PHIN) was established. PHIN consolidates multiple systems into one initiative using a common set of functions. PHIN is the platform for integrated public health data in WI. SPHERE is a Program Area Module within the PHIN.

SPHERE enhancements planned are: transfer of data from WIC into SPHERE, testing linkage of SPHERE birth record files and newborn hearing screening, additional reports and screens to support Title V Block Grant Activities and address the recent findings of the MCH Needs Assessment, documentation and evaluation in SPHERE for services related to the Milwaukee Home Visitation Program, other Home Visiting Programs, and Medicaid billing.

SPHERE User groups exist in all 5 DPH regions, the MCH Central Office and CYSHCN Regional Centers. The statewide SPHERE Lead Team meets quarterly. A monthly WisLine web training is held featuring recent changes and enhancements to SPHERE.

MCH data sheets comparing annual state, regional, and local data were developed and updated yearly highlighting MCH priority areas, e.g. PNCC, Reproductive Health, Child Passenger Safety Seats, Infant Assessments, and Developmental Assessments. Home Visitation Projects are piloting handheld devices using the ASQ, ASQ:SE, HOME Inventory, and Home Safety Assessment tools. Data on these tools is entered in the home on the handheld device and uploaded to SPHERE.

PRAMS--Pregnancy Risk Assessment Monitoring System: In April, 2006, WI was awarded a five year PRAMS grant by CDC. African American women are oversampled because their infant mortality rates have been identified as being higher than white infant rates. WI PRAMS surveys a random sample of moms who have had a live birth, stratified by White, non-Hispanic; Black, Hispanic/Latina; and, Other, non-Hispanic. Activities over the five years of the grant include: establishing data-sharing agreements with Medicaid and WIC to obtain telephone numbers; steering committee meetings; establishing survey mailing procedures; submission of revised protocols to CDC for approval; multiple presentations and outreach activities to WI PRAMS partners including WIC and prenatal care providers; analysis of data and presentations such as "What Moms Tell Us" provided at the statewide Healthy Babies Summit and Association of Women's Health, Obstetric, and Neonatal Nurses Conference, October 2009. PRAMS results provide stark evidence of major disparities in household income, postpartum depression, co-sleeping practices, and pregnancy intention. The weighted response rate was 68.7% in 2007 and 66.1% in 2008.

See Attachment III.A. - Table 1. Wisconsin PRAMS Weighted Response Rates

Wisconsin Birth Defects Registry (WBDR): The WBDR is a secure, web-based system that allows reporters to report one birth defect case at a time or upload multiple reports from an electronic medical records system. Reporters may also submit a paper form to the WBDR state administrator for inclusion in the registry. The WBDR collects information on the child and parents, the birth, referral to services, and diagnostic information for one or more of 87 reportable conditions. From mid-2004 through December 31, 2009, the WBDR received 2,652 birth defect

reports from 68 organizations. In 2010, it is expected that 2 large health systems will begin submitting reports from their electronic medical records. The WBDR is piloting a transfer enhancement ascertainment pilot with Children's Hospital of WI and the Medical College of WI to transfer congenital heart defects. The WBDR will participate in an Environmental Public Health Tracking project funded by the CDC to the Bureau of Environmental and Occupational Health that will attempt to match birth defects to known environmental hazards (http://dhs.wisconsin.gov/health/children/birthdefects/index.htm).

WE-TRAC (Wisconsin Early Hearing Detection and Intervention (EHDI)--Tracking Referral and Coordination): WE-TRAC is a web-based data collection and tracking system created through a partnership between WI Sound Beginnings and State Lab of Hygiene (SLH). The system is used regularly by 350 users, including birth unit staff, midwives, nurses and audiologists. WI Sound Beginnings, the State of Wisconsin's EHDI program, also uses WE-TRAC to ensure that every newborn has a hearing screening by 1 month of age, and if needed, receives diagnostic services by 3 months of age, and is enrolled in early intervention by 6 months of age. Ninety-eight percent of birth hospitals in the state use WE-TRAC and have the ability to make electronic referrals, transfer cases from one organization to another, and systematically transfer responsibility for follow-up care. The system also tracks organization specific information and statewide aggregate information.

PRINCIPAL CHARACTERISTICS OF WISCONSIN

For the 2011 Title V Block Grant Application, the information is adapted from the following data sources: 1) U.S. Census Bureau, American Fact Finder, 2006-2008 American Community Survey (http://factfinder.census.gov), 2) U.S. Census Bureau, 2008 American Community Survey (http://www.census.gov/acs), 3) WI Department of Administration, Demographic Service Center's 2009 Final Estimates Summary, 4) State of WI, 2007-2008 Blue Book, compiled by the WI Legislative Reference Bureau, 2007, 5) Anne E. Casey Foundation Kids Count Online Data (www.aecf.org/kidscount/data.htm), 6) WI Department of Health Services (DHS), Division of Public Health (DPH), Office of Health Informatics (OHI), WI Infant Births and Deaths, 2008 (P-45364-08). November 2009, 7) WI DHS, DPH, OHI, WI Deaths, 2008 (P-45368-08). October 2009, 8) WI DHS, DPH, OHI, WI Health Insurance Coverage, 2008 (P-45369-08). December 2009, 9) WI DHS, DPH, OHI, WI Interactive Statistics on Health (WISH) data query system, (http://dhfs.wisconsin.gov/wish/), 10) WI Council on Children and Families (www.wccf.org), 11) Center on Wisconsin Strategy (COWS), (www.cows.org), and 12) U.S. Bureau of Labor Statistics, Regional and State Employment and Unemployment Summary (www.bls.gov/news.release).

Population and Distribution

Wisconsin's population estimate on November 1, 2009, was 5,688,040, a change of 6% from the 2000 census, according to the WI Department of Administration.

Although WI is perceived as a predominantly rural state, it is becoming increasingly urbanized as reflected by changes from the 2000 census to 2009 population estimates. Of WI's 72 counties, there were 9 with a population over 150,000; Milwaukee County was the only one of these counties to have a negative percent population change from 2000 to 2009. Eleven counties were the fast growing since the 2000 census; Dane County (where Madison, the state capitol is located) was the 2nd largest county and also experienced 11.0% growth since 2000.

There are 13 municipalities with populations over 50,000, ranging from the City of Milwaukee (population 584,000) to Sheboygan (50,400). The majority of these cities are clustered primarily in the south central (Madison, Janesville, Beloit) southeast (Waukesha, Milwaukee, Kenosha, Racine) and along Lake Michigan, the Fox River Valley (Appleton, Oshkosh, Green Bay, Sheboygan). The others are the central Wisconsin (Eau Claire) and the west central (LaCrosse). According to the 2008 Family Health Survey estimates, 11% of the state's household population lives in the City of Milwaukee, 60% lives in the balance of Milwaukee County and the other 24

metropolitan counties, and 28% lives in the 47 non-metropolitan counties. Despite this strong growth in major metropolitan areas, the City of Milwaukee, however, has experienced a loss of almost 13,000 residents during the 2000s, and Milwaukee County decreased by more than 8,000 persons.

Population Demographics

Sex and age: According to the 2006-2008 American Community Survey, females make up 50.3% of the state's population, the median age was 37.9 years, the estimate for number of children under age of 18 was 1,317,847 or about one-fourth of the state's population, and 13% were 65 years and older.

Race and ethnic origin: The 2000 census was the first year that census respondents were allowed to identify themselves as being more than one race. About 1.2% of WI individuals selected multiple races. The most recent estimates (2006-2008) indicate that 1.4% of WI residents reported two or more races; although this change is not significant, it does represent the changing dynamics of WI's population.

See Attachment III.A. - Table 2. Percent estimates for WI's race and ethnic classifications for 2006-2008

Employment and Poverty

In 2004, WI's not seasonally adjusted unemployment rate was 4.9%, compared to the U.S. rate of 5.5%. Since then, according to the Bureau of Labor Statistics in 2009, WI's 2009 unemployment rate was 8.5%, compared to the U.S. rate of 9.3%. However, these rates do not reflect the U.S. economic crisis since the fall of 2007. In March 2009, WI's unemployment rate jumped to its highest rate in 26 years, 9.4%, passing the national rate of 9.0%. Furthermore, the decline of the auto industry has hit WI especially hard, with the southeast portion of the state where General Motors has plants that closed in Beloit and Janesville. In March 2010, the Metropolitan Statistical Areas of Janesville, Racine, Sheboygan, and Wausau had unadjusted unemployment rates of 12.8%, 11.5%, 10.0%, and 10.6% respectively. In the City of Milwaukee, there are some estimates that almost 50% of African American men are unemployed. WI women comprise less than 50% of the state's workforce, but they make up 55% of the state's working poor, those in households with income below the federal poverty level. Although there are a few signs of economic recovery in WI, such as slight gains in the manufacturing sector, generally, the employment picture is stagnant. As families struggle, minorities carry the burden of poverty as recent estimates from the 2008 American Community Survey show; the WI overall poverty rate of 10.4% was less than the U.S. rate of 13.2%. However, minorities in WI carry the burden of poverty.

See Attachment III.A. - Table 3. Percent estimates of WI's population and children in poverty, 2008

Furthermore, WI PRAMS data indicate significant disparities for household income (see Table 4).

See Attachment III.A. - Table 4. Percentage of WI mothers who report less than $10,000 and more than $50,000 per year before taxes, 2007-2008

The range of the percentage of children who live in poverty by county is significant, from the counties with the highest poverty rates for children (Milwaukee at 25.2% and Vernon at 22.0%) to the counties with the lowest poverty rates for children (Ozaukee at 5.3% and Waukesha at 4.5%).

See Attachment III.A. - Table 5. Wisconsin Profile compared to the U.S. Kids Count Key Indicators (2006 data unless indicated)

Compared to other states, using these indicators, WI's overall rank is 10. These indicators do not reflect the significant disparities by racial/ethnic group in the state; selected indicators are discussed below using the most recent data available.

Vital statistics: Births to single mothers have increased slightly from 25% in 1991, 27% in 1993 and 1995, and 28% in 1996 and 1997 to 31% in 2003, and 37% in 2008. The marriage rate in 2010 was 5.3 per 1,000 total population, lower than the 2007 rate of 5.6, and lower than the U.S. provisional marriage rate of 7.0 for the 12 months ending in June 2009. The divorce rate in 2008 was 2.9 per 1,000, lower than the rate of 3.0 in 2007. Fifty-three percent of WI divorces in 2008 involved families with children under 18 years of age. In 2008, there were 46,526 deaths in WI for a rate of 8.2 per 1,000 population, slightly lower than recent years; this rate is similar to the U.S. rate. In 2008, there were 9 maternal deaths.

• Infant mortality--Often used as a measure of a society's overall well-being, infant mortality is a significant issue in WI. The overall infant mortality in 2008 7.0 per 1,000 live births; the White rate was 5.9, a slight increase from 5.3 in 2007, and a marked decrease from 7.2 in 1990. The Black infant mortality rate in 1990 was 19.7; in 1997 it was at its lowest for the past two decades at 13.4. Since then it has increased steadily to 18.7 in 2001. Aside from some fluctuations the 2007 and 2008 rates are the lowest of this decade; nonetheless, in 2008, the ratio of the Black infant morality rate to the White was 2.3. The Hispanic/Latina infant mortality rate for 2008 was 7.0 deaths per 1,000 births to Hispanic/Latina women, compared to 6.4 in 2007 and 11.0 in 1998. The number of American Indian and Laotian or Hmong and Other Asian infant deaths are too few in a single year to calculate annual rates. Therefore, the following are three-year averages from 2006-2008: Laotian/Hmong: 7.2, compared to 7.6 in 2001-2003; the American Indian infant mortality rate was 10.1 per 1,000 in 2006-2008, compared to 12.9 in 2001-2003.

• Low birthweight/preterm--In 2008, 7.0% (5,051) of all births were infants with low birth weight; the rate for Black infants was 13.0%,White infants 6.3%, American Indian, Hispanic/Latinos, Laotian/Hmong, and other Asians were 8.0%, 6.3%, 7.9%, 7.0% and 6.9% respectively. In 2008, 11.1% (7,970) of infants in WI were born prematurely (with a gestation of less than 37 weeks). Non-Hispanic Black women had the highest percentage of premature babies at 16.8%, followed by teenagers less than 18 years old at 16.0%, women who were unmarried 13.5%, women who smoked during pregnancy 13.3%, and American Indian women 12.7%.

• First trimester prenatal care--In 2008, 82.2% of pregnant women received first trimester prenatal care. The race/ethnic group with the highest rate was White women at 86.2%, followed by other Asian women at 82.2%, American Indian women at 72.5%, Hispanic/Latina women at 71.3%, African American women at 70.2%, and Laotian/Hmong at 56.1%.

See Attachment III.A. - Table 6. Teen birth rates, Wisconsin, 1998 compared to 2008

• Teen birth rate--In 2008, for teens <20 years, there were 6,096 births (rate of 31.3 per 1,000), or 8.5% of all births in Wisconsin. Teen birth rates for <20 years by race/ethnicity in Wisconsin, 1998 to 2008:

See Attachment III.A. - Table 7. Percent of top 5 underlying causes of death by race, WI, 2008

• Leading causes of death--In 2008, 54% of the leading causes of death were diseases of the heart, malignant neoplasms (cancer), and cerebrovascular diseases (stroke). For males, in 2008, the leading underlying cause of death for ages 1-44 were accidents; cancer was the leading cause of death for men ages 45-84. For females, accidents were the leading underlying cause of death among females ages 1-25; cancer was the leading cause of death among women ages 25-84. The table below shows the leading cause of death by race and Hispanic ethnicity.
An attachment is included in this section.

B. Agency Capacity

WISCONSIN STATE STATUTES RELEVANT TO TITLE V MCH/CYSHCN PROGRAM AUTHORITY

The Wisconsin Legislature has given broad statutory and administrative rule authority to its state and local government to promote and protect the health of WI citizens. In 1993 Wisconsin Act 27, created Chapters 250-255 that significantly revised public health law for WI and created an integrated network for LHDs and the state health division. In 1998, Public Health Rules HFS 139 and HFS 140 were completed. HFS 139 outlines the qualifications of public health professionals employed by LHDs and HFS 140 details the required services necessary for a LHD to reach a level I, II, or III designation. In 2008 the 10 essential services of public health were added to Chapter 250 as a requirement of state and local health departments (s.250.03(1) (L). These important public health statutes provide the foundation and capacity to promote and protect the health of all mothers and children including CYSHCN needs in WI.

Chapter 250 defines the role of the state health officer, chief medical officers, the public health system, the power and duties of the department, qualifications of public health nursing, public health planning, and grants for dental services.

Chapter 251 describes the establishment of local boards of health, its members, powers and duties, levels of services provided by LHDs, qualifications and duties of the local health officer, and how city and county health departments are financed.

Chapter 252 outlines the duties of local health officers regarding communicable disease to include the immunization program, TB, STI, AIDS, HIV, and case reporting.

Chapter 253 mandates a state MCH program in the DPH to promote the reproductive health of individuals and the growth, development, health and safety of infants, children and adolescents (see Attachment III.B). This chapter addresses: state supplemental food program for women, infants, and children, family planning, pregnancy counseling services, outreach to low-income pregnant women, abortion refused/no liability/no discrimination, voluntary and informed consent for abortions, infant blindness, newly added in 2010 newborn hearing screening, birth defect prevention and surveillance system, tests for congenital disorders, and Sudden Infant Death Syndrome.

Chapter 254 focuses on environmental health and includes health risk assessments for lead poisoning and lead exposure prevention, screening requirements and recommendations, care for children with lead poisoning/exposure, lead inspections, lead hazard reduction, asbestos testing, abatement, and management, indoor air quality, radiation, and other human health hazards.

Chapter 255 addresses chronic disease and injuries and outlines cancer reporting requirements, cancer control and prevention grants, breast and cervical cancer screening programs, health screening for low-income women, tanning facilities, and the Thomas T. Melvin youth tobacco prevention and education program.

OVERVIEW OF AGENCY CAPACITY

The DPH, Bureau of Community Health Promotion, Family Health Section is designated as WI's Title V MCH/CYSHCN Program, DPH collaborates with numerous state agencies and private organizations, LHDs and community providers. Supported by WI's strong partnerships and sound public health law, the Family Health Section is well-positioned to provide prevention and primary care services for pregnant women, infants, children, including CYSHCN and their families that are family-centered, community-based, and culturally appropriate.

The amount of state General Purpose Revenue available to support the public health programs in WI is among the lowest in the nation. Thus, federal grants are the primary source of funding for

the majority of public health infrastructure, services and activities. In addition to the Title V Block Grant, the FHS manages more than 20 grants that address a range of MCH services such as: screening and early intervention, injury prevention and surveillance, LAUNCH, ECCS, SSDI, and autism.

Approximately 60% of WI's Title V funds are released as local aids either as a non-competitive performance-based contract to tribes and LHDs who have "first right of refusal" or as a competitive request for proposal (RFP) for specific statewide or regional initiatives.

Based on 2005 needs assessment results, template objectives were developed and made available to LHDs reflecting MCH priorities and promoting measurable outcomes funded through performance based contracts. In 2010, the most frequently implemented template objectives focus on: injury prevention (child passenger safety, safe infant sleep, home safety assessment) perinatal health (breastfeeding, postpartum home visit, evaluation of care coordination services) developmental screening (ASQ, ASQ-SE) and oral health (early childhood caries prevention).

Activities for 2011-2015 will focus LHDs and tribal funding on systems building activities related to: 1) fetal, infant and child mortality review and prevention (Keeping Kids Alive) and 2) early childhood collaboration and integration supporting child development, family supports, mental health, and safety and injury prevention.

Five statewide projects began in July 1, 2005 running through December 31, 2010 for services to: improve infant health and reduce disparities in infant mortality; support a genetics system of care; improve child health and prevent childhood injury and death; improve maternal health and maternal care; and create a Parent-to-Parent matching program for families with CYSHCN. A new cycle for the Regional CYSHCN Centers began January 1, 2006 through December 31, 2010 aligned with the six federal core outcomes as part of the President's New Freedom Initiative. In addition, Regional CYSHCN Centers partnered in the implementation of Wisconsin's MCHB funded CYSHCN Integration grant. HRSA selected Wisconsin as 1 of 7 Leadership States to promote the implementation of the six core components of a community-based system of services through the Medical Home concept.

In 2011 approximately 60% of the State's Title V funds will continue to be released as "local aids" either as a non competitive performance-based contract to LHDs with "first right of refusal" or for specific statewide or regional initiatives either as discretionary grant funds, competitive RFPs, or minigrants.

The CYSHCN collaborative programs and genetics will continue in the new funding cycle beginning 2011. New statewide projects will be implemented for technical assistance to the local projects related to Keeping Kids Alive and early childhood collaboration. A preconception project will also be implemented.

The remaining approximate 40% supports the state infrastructure for the MCH Program. More detail can be found in Section D, Other MCH Capacity.

SERVICES FOR PREGNANT WOMEN, MOTHERS, INFANTS

Reproductive Health
A key goal of the Wisconsin MCH Family Planning, Reproductive/Sexual Health, and Early Intervention (FP/RSH/EI) Program is to provide quality, cost-effective, confidential contraceptive and related reproductive health care through a statewide system of community-based clinics. These clinics are medical (health care) homes for addressing a significant part of the primary and preventive care recommended for reproductive-age women: provided in specialized health care setting separate from but coordinated with their other sources of primary health care. Over 50,000 women receive care through this statewide system of services.

One of the highest priorities in this next 5-year cycle will be to increase access to services and quality of care. Guidelines (patient care and administration) will be updated, and quality assurance indicators/performance measurements will be established to improve accountability for implementation and quality improvement. New standards of practice and priority areas will be introduced. These priority practices include improved access to: dual protection (simultaneous intervention for unintended pregnancy and STD risk reduction); emergency contraception; postpartum contraception; reproductive life plans; FPW eligibility screening and enrollment; medical homes for reproductive/sexual health and other primary health care; consistent health messaging; and screening, assessment and intervention for sexual violence and abuse. Early intervention and continuity of care are two other related standards of practice that will be emphasized in the 2011-2015 cycle.

Improved partnerships with PNCC will be a high priority for implementing these new priority areas and establishing new standards of practice. The Women's Health Now and Beyond Pregnancy will be expanded to implement best practices developed in model projects with PNCC providers to improve timeliness of post partum contraception through new practice standards, reproductive life planning, healthy birth spacing, interconception, and women's health.

Screening and assessment for sexual assault and abuse is a new service priority because women who have experienced or witnesses violence (child physical or sexual abuse, sexual assault, and/or domestic violence) are at greater risk for complications around family planning and reproductive health. Women who have experienced violence are at risk for poor birth outcomes (low birth weight and pre-term), negative labor and delivery experiences, and difficulty in implementing and sustaining breast feeding. Through MCH-funded programs serving women prenatally and postpartum 19% were identified as experiencing abuse and personal safety issues (SPHERE 2009). A new collaboration has begun between Family Planning/Reproductive Health, IVPP, WIC, and Maternal Health programs to explore message delivery, assessment and follow-up on issues related to violence for women utilizing these services.

The Title V MCH Program contracts with Health Care Education and training, Inc., which manages the Region V Title X Family Planning training project, to provide training and technical assistance on these and other 5-year priorities to community based health programs, and private health care providers.

Preconception Health

The Wisconsin Association for Perinatal Care (WAPC) and the Infant Death Center of Wisconsin (IDCW) were funded to produce materials and provide education to support preconception services as part of the routine care for all women. In collaboration with Medicaid, DPH provided guidance on interconception services for women with a previous poor birth outcome identified through the Medicaid high-risk birth registry. The Women's Health Now and Beyond Pregnancy initiative extended interconception care for women receiving PNCC services.

In 2011, the Title V MCH program will begin funding preconception initiatives that focus on: 1) integrating depression screening and tobacco cessation services into family planning/ reproductive health programs, 2) integrating select preconception services into the routine care provided to women of childbearing age by the health plans of Wisconsin, and 3) establishing a WI Healthiest Women Initiative and developing a preconception plan for the state. WI PRAMS 2007-08 data highlights the need for focused efforts related to preconception health: 45% of all and 67% of African American pregnancies are unplanned; 14% of all and 25% of African American women experience postpartum depression; 95% of the women who reported smoking in the past 2 years reported smoking in the 3 months prior to pregnancy; 53% of all and 62% of African American women did not take a multivitamin the month prior to pregnancy.

Maternal Health

The Wisconsin Association for Perinatal Care (WAPC) is funded by the MCH Program through 2010 as the statewide project to Improve Maternal Care and Maternal Health. WAPC provides education and training to support perinatal practices in the hospital and clinical settings. Through multi-disciplinary committees in 2009-2010, WAPC developed an Algorithm for Preconception Care for clinical providers; the Methadone Project Educational Toolkit for clinical providers; and the Expectant Father Wish List for community members. A conference is hosted annually and regional forums in 2009 provided eduction for health care providers on the use of antidepressants in pregnancy and while breastfeeding.

The Wisconsin Maternal Mortality Review Team (MMRT) was established in 1997 under the auspices of the DHS to collect, evaluate, and analyze all maternal deaths occurring in the State of Wisconsin. This multi-disciplinary collaborative makes recommendation on maternal care practices to improve maternal outcomes. The MCH Program has partnered with WAPC to support this effort with case abstractions and a report publishing 5 years of findings.

Infant Health

The Infant Death Center of Wisconsin (IDCW) is funded by the MCH Program through 2010 as the statewide project to Improve Infant Health and Reduce Disparities. IDCW brings partners together building coalitions to support the Healthy Birth Outcomes; Healthy Babies in Wisconsin and the Milwaukee Hospital Collaborative to support perinatal outcomes. In addition to individual bereavement support to families the IDCW provided education to public and private health care partners on safe infant sleep and reducing the risk of SIDS.

MCH provides education on infant care practices. The Great Beginnings Start before Birth curriculum continues to be offered statewide to LHD and home visitation programs providing services to families during both the prenatal and postpartum period.

With an increase in sleep related infant deaths in the Southeastern Region of WI, MCH has collaborated with the City of Milwaukee Health Department to hold a Safe Sleep Summit to focus on increasing awareness of preventable losses and develop a plan for improving messages on safe infant sleep to the community.

Newborn Screening

In Wisconsin, infants are screened for 47 different congenital disorders and for hearing loss. Infants diagnosed receive referral, follow-up care and links to services. The early screening team includes staff from the congenital disorders, early hearing detection and intervention (EHDI), and the statewide genetics program. The Newborn Screening staff collaborate with the State Lab of Hygiene to continuously improve Wisconsin's early screening initiatives and promote the health and well being of newborns and their families. The NBS Advisory Committee and six, soon to be at eight, subcommittees meet biannually and advise and provide expertise regarding NBS testing, diagnosis, and patient care. Staff members participate in the Region 4 Genetics Collaborative to share resources, best practice models and new technologies related to newborn screening.

SERVICES FOR CHILDREN AND ADOLESCENCE

Child Health

Children's Health Alliance of WI (CHAW) receives MCH funding for statewide initiatives to address childhood injury and violence prevention (IVP). CHAW supports training, technical assistance and data analysis for LHDs and other community partners. An emphasis has been placed on initiating the Child Death Review (CDR) process in more counties. The maintenance of a statewide network with training and resources dedicated to childhood IVP has been expanded to include on-line trainings.

In 2011 the MCH program will develop the Keeping Kids Alive project through a statewide partnership. The focus of the project will be to establish systematic reviews of fetal, infant, and child deaths throughout WI and to support the implementation of actions based on findings both locally and statewide. The project will provide technical support to local death review and community action teams; to promote the use of standardized data collection e.g. National CDR system and FIMR system.

In 2011, MCH dollars will also support local and statewide efforts to build a system of integrated and coordinated health promotion and prevention for children and their families incorporating 4 Bright Futures health promotion themes-family supports, child development, mental health, and safety/injury prevention.

Systems of Care

State initiatives to promote connected service systems for children and adolescents have been implemented under the leadership of the State MCH Program. Since 2003 MCH has partnered with many state public and private agencies to implement the Early Childhood Comprehensive System (ECCS) grant. Under the leadership of MCH, ECCS has strengthened the linkages among key partners with a broad focus on early childhood policies, programs, and services. Work over the last year has strengthened links among providers of service to young children in the areas of the five critical components of the ECCS grant: access to health insurance and medical home, mental health and social-emotional development, early care and education, parent education and family support by linking with the state collaborative, Wisconsin Early Childhood Collaborating Partners (WECCP).

Because of the strong system work that occurred by linking ECCS with WECCP, new opportunities have arisen that will further strengthen the movement toward a connected system of programs at the state level to support the services for young children at the state and community levels. Wisconsin was successful in competing for a Project LAUNCH grant which was awarded September 2009 because of the foundational work of ECCS. The application process for Wisconsin Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), a cooperative agreement funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), was built upon existing work and relationships that have been at the forefront of efforts of the ECCS grant. Project LAUNCH will focus work to promote child wellness in target neighborhoods of the City of Milwaukee that are excessively burdened by issues associated with poor child health including: a high percentage of infants born at low birth weight, late entry of pregnant women into prenatal care, childhood lead poisoning, high rates of sexually transmitted diseases, high rates of poverty and unemployment, lack of education, excessive use of drugs, high crime rates, and high teen pregnancy rates.

ECCS grant activities complement the work of Project LAUNCH and both efforts will be coordinated to inform the work of Governor Jim Doyle's Advisory Council on Early Childhood Education and Care (ECAC). The ECAC was appointed in 2008 as part of the Head Start reauthorization that required council of key state department leaders and partners of influence to recommend policy that affects the system of services for young children and their families.

In August of 2009, the MCH program initiated work to promote integration of Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition, into public health practice for children in Wisconsin. Released in 2008, Bright Futures provides detailed information on well-child care for health care practitioners. In partnership with American Academy of Pediatrics (AAP), an all day work shop was held on August 17, 2009 to provide overview of the use of Bright Futures in public health practice. Wisconsin is providing a series of live webcasts jointly sponsored by the AAP and the state DHS, DPH, Family Health Section. During 2010, webcasts will focus on the needs of public health nurses and each will features a specific Bright Futures theme: oral health, injury prevention, healthy nutrition, and healthy weight.

Adolescent Health

In the area of adolescent health, WI has been in a leadership role by having its Youth Policy Director, as the President of the National Network of State Adolescent Health Coordinators, participate in the drafting of priorities for the new Federal Office of Adolescent Health and help to develop a national adolescent health strategic plan. In 2011, MCH hopes to be successful in several new federal grants to improve our internal adolescent health staffing capacity to enhance collaborative efforts of MCH programming.

SERVICES FOR CYSHCN

Regional CYSHCN Program Collaborations

Five Regional CYSHCN Centers receive MCH Block Grant funds to:
• Provide a system of information, referral, and follow-up services so all families of CYSHCN and providers have access to complete and accurate information.
• Promote a Parent-to-Parent support network to assure all families have access to parent support services and health benefits counseling.
• Increase the capacity of LHDs and other local agencies, such as schools, to provide service coordination.
• Work to establish a network of community providers of local service coordination.
• Initiate formal working relationships with LHDs and establish linkages for improving access to local service coordination.

Core services are information, referral, and follow-up including health benefits services for families and providers. The emphasis is on the 6 National Performance Measures related to CYSHCN. Regional Centers are actively fostering collaboration with key partners including: cross-referral discussions with Children's Long-Term Care Redesign pilot site; sharing resources with Early Childhood Collaborating Partners (including ECCS); facilitating the spread of Medical Home to local medical practices through the administration of Medical Home Local Capacity Grants and direct team facilitation; offering families with children registered with the Wisconsin Birth Defects Prevention and Surveillance program referral and follow-up services; and cross-referring with WIC nutritionists. The Collaborators Network continues to expand to include not only the CYSHCN Centers, Great Lakes Inter-Tribal Council, Family Voices of WI, and Parent-to-Parent but also the WIC-CYSHCN Network and MCHB funded CYSHCN Oral Health Project.

WI's CYSHCN Program provides parent support opportunities for families through the five Regional CYSHCN Centers, Parent to Parent and Family Voices. The Regional CYSHCN Centers assure all families of CSHCN have access to parent support services. As reported for 2009 in SPHERE, centers referred 222 parents to support groups, provided informal parent matching, referred parents to Parent to Parent and linked with local parent partners including Family Voices to determine and disseminate parent support opportunities.

Parent-to-Parent of WI receives MCH funding to provide one-to-one matching for families, train support parents, and seek referrals for new parents who want to be matched. Parent-to-Parent of Wisconsin has outreached to providers including those providing services to children newly identified by the Congenital Disorders Program. By December 2009 there were 263 trained support parents in the Parent-to-Parent database and 117 matches. P2PWI translated their curriculum into Spanish, trained non-English speaking support parents and is matching hard-to-reach families in Milwaukee. P2PWI maintains a listserv and Facebook page for support parents.

Family Voices of WI receives MCH funding to build a parent network of informed decision makers, through training, information dissemination and analysis of unmet needs. Family Voices works with the CYSHCN Program to disseminate parent support information to parents through a listserv and mailings. Family Voices conducts trainings for parents to enhance their decision making skills and a parent support component is incorporated into these trainings.

Statewide Genetics System

Children's Hospital of Wisconsin receives MCH Block Grant funds to support the WI Genetics System. In 2009, the WI Genetics System held outreach clinics throughout the state, educated primary healthcare providers at an annual Genetics in Primary Care conference, worked toward genetic counselor licensure and was active in the Region 4 seven state genetics consortium. In addition to the 2009 activities which will be continued in 2010, the State Genetics Website will be redesigned to give it a more functional capacity as the center of genetic information and resources in WI. Monies will also be provided to the WI Stillbirth Service Program to update a file system and transfer data because the program recently moved to a different institution.

Autism

Funds from the Combating Autism Act Initiative (September 2008-August 2011) support the Wisconsin Medical Home Autism Spectrum Disorder (ASD) Connections Initiative (Connections) as a State Implementation Grant for Improving Services for Children and Youth with Autism Spectrum Disorder and other Developmental Disabilities and is housed within the CYSHCN Program. This project design uses contracts with key partners including the Waisman Center and the Regional Centers for CYSHCN to strengthen the state's infrastructure and support for families with CYSHCN. Through this work a Community of Practice on ASD/DD has been established as an approach to bring together diverse stakeholders from around the state. Parents are central to this work, with two co-chairs who are both parents of children with ASD. Trainings to primary care providers have increased the number of physicians implementing early developmental and ASD screenings. An electronic repository houses Connections resources, links to key websites and a Medical Home Webcast Series. Regional resource mapping is being conducted in the five DPH regions of the state with the outcomes of strengthening collaborations and identifying new resources.

Birth Defects Surveillance and Prevention Program

The Wisconsin Birth Defect Prevention and Surveillance Program under statute s.253.12 is required to maintain birth defects registry of diagnosed birth defects of any Wisconsin child age birth up to 2 years of age; requires reporting by pediatric specialty clinics and physicians; protects confidentiality; establishes an advisory council; provides for primary prevention strategies to help decrease occurrence; provides education about prevention of birth defects; develops a system for referrals to early intervention; and has limited service provisions. Funding is $95,000 annually from a surcharge on birth certificates. Each Children and Youth with Special Health Care Needs regional center has designated staff to access birth defect reports from the WBDR. The information is used to assure children with birth defects and their families are contacted and referred to appropriate services. See Birth Defects Registry above or CYSHCN Program - Birth Defect Prevention and Surveillance System website at (http://dhs.wisconsin.gov/health/children/birthdefects/index.htm).

The Wisconsin Birth Defect Prevention and Surveillance program currently funds the following prevention initiatives:
• Birth Defects Nutrition Consultant Network to build nutrition services capacity for identification, interventions, and referral of infants and children with birth defects seen in WIC at 17 sites.
• Wisconsin Stillbirth Service Program at Marshfield Clinic Research Foundation investigates the causes of stillbirth, provides diagnostic information and educational materials to medical personnel and families.
• Women's Health Now and Beyond Pregnancy Project improves preconception health for high risk, low-income women receiving Medicaid Prenatal Care Coordination services; Project sites promote healthy spacing of pregnancies and provide vitamins containing folic acid and health and nutrition education to women before potential subsequent pregnancies.
• Folic acid survey module in the Behavioral Risk Factor Surveillance System (BRFSS) survey

(biennial).
• A folic acid training module for family planning providers to assure women in family planning clinics know and understand the importance of taking vitamins with 400 mcg of folic acid every day for at least 3 months prior to becoming pregnant.

CAPACITY TO PROVIDE CULTURALLY COMPETENT CARE

WI has become increasingly culturally diverse, with an estimated 14% of the population comprising African American, Hispanic/Latino, American Indian, and Asian populations. Numerous studies and reports have documented, including the most recent Wisconsin Minority Health Report, 2001-2005, a disproportionate burden of poor health that persists among racial and ethnic minority populations in Wisconsin. The report goes on to say that in addition to birth outcomes, "these health inequalities exist for a broad range of conditions, including chronic and communicable diseases…some of these result from differences in the availability of health and preventive services, while others reflect historical and continuing differences in social and economic conditions." The University of Wisconsin Population Health Institute published The Health of Wisconsin, Report Card for July 2007 in which Wisconsin received a 'D' for its overall health disparity grade.

Wisconsin's Title V program has a long-standing commitment to promoting culturally competent and linguistically appropriate services, including for its diverse racial and ethnic populations, individuals with disabilities, and families of CYSHCN. The MCH Program promotes the elimination of health disparities as one of its highest priorities, through its partnerships with Wisconsin's Minority Health Program, Healthiest Wisconsin 2020, and other state and local efforts. Providing services with cultural humility, cultural competency, and linguistic appropriateness have the "potential to improve access to care, quality of care, and, ultimately, health outcomes". (http://dhs.wisconsin.gov/health/MinorityHealth/index.htm).

Resources are allocated to meet the unique needs of Wisconsin's African American communities. For example, the WI Partnership Program and the University of Wisconsin School of Medicine and Public Health have launched a $10 million initiative--The Lifecourse Initiative for Healthy Families (LIHF)--to investigate and address the high incidence of African-American infant mortality in the state. WI's Title V Program was instrumental in identifying those areas of the state with the highest numbers and rates of African American infant mortality, namely, the 4 communities of Milwaukee, Racine, Kenosha, and Beloit, the communities of focus for this initiative. One MCH Lifecourse Collaborative will be funded in each community and must include a broad range of stakeholders and members, including members of the community to be served. $200,000 is available for each of the communities of Racine, Kenosha, and Beloit and $250,000 for Milwaukee, for this first planning phase. Each collaborative will spend the next 12-18 months developing a multi-year implementation plan to reduce poor birth outcomes and meet the unique needs of the African American families in their communities. Title V managers and staff will continue to provide ongoing guidance for this initiative.

Community collaborations seek to employ community-driven, culturally competent services. One example of a community collaboration is the ABCs for Healthy Families project and recently launched Journey of a Lifetime campaign, funded through the HRSA First Time Motherhood/New Parents Initiative, to improve birth outcomes for African American infants in southeastern WI. Through this grant, we have been able to integrate the life-course perspective into current MCH programs; conduct an innovative social marketing campaign using texting and social networking sites to link women to preconception/interconception, prenatal, family support, and social services in Milwaukee and Racine; and to increase father involvement and support couples transitioning into their roles as new parents.

Focus groups have been conducted and support groups are lead by community facilitators. The project regularly consults with Milwaukee and Racine community advisory boards, and uses community members to conduct surveys, write editorials, and display our materials at

conferences. All pictures within our materials are people within our communities, and the name of the campaign was suggested by a community member. We have been fortunate to partner with a consultant who is highly committed to involving community members to make this work their own. This project has enabled us to attain a high level of performance in both the family participation and cultural competence MCHB performance measures.
An attachment is included in this section.

C. Organizational Structure

Jim Doyle was sworn in as Wisconsin's 44th Governor in January 2003. Governor Doyle considers children a high priority. He believes "that the single most important thing we can do today to ensure a strong, successful future for Wisconsin is to invest in our kids early … because what we do now will determine what kind of state Wisconsin will be 10, 20, even 50 years from now" (KidsFirst2004). Concurrently, Barbara Lawton was sworn in as Wisconsin's first female elected Lieutenant Governor. Through her work such as her Wisconsin Women=Prosperity initiative, she has championed women's health issues including Mental Health and postpartum depression.

In 2008, the Governor proposed a Department of Children and Families (DCF) to strengthen the system of services for children and families. The intent was for DCF to unify programs from DHFS and DWD that served the social and financial needs of children and families. This was to assure WI children have opportunities to grow up safe, healthy, and successful in strong families by consolidating programs to strengthen access to and coordination of services. The Governor proposed to implement universal home visiting to all new first time parents and expand targeted home visiting to parents at risk of child maltreatment. Improvements to child welfare included increase the foster care rate, fully fund projected caseloads in Milwaukee County programs, and welfare program staff recruitment and retention. DCF was created with the passage of the budget combining the TANF program, W-2 and the state child welfare systems. On 07/01/2008, the DPH home visiting programs, Family Foundations, and Empowering Families of Milwaukee were turned over to DCF for future administration with MCH support during the transition through 12/31/2010 per MOU. A position accompanied this transition but no MCH funding.

In April 2008, Karen Timberlake was appointed as the Secretary for the DHFS by the Governor prior to the restructuring of the two departments. As of 07/01/2008 with the restructure, came the new Department of Health Services (DHS) formerly the Department of Health and Family Services (DHFS). Within the Department, there was identified six Divisions--Public Health, Long Term Care, Mental Health and Substance Abuse, Quality Assurance, Enterprise Services, and Medicaid which changed its name to Division of Health Care Access and Accountability along with two offices--Office of Legal Counsel and Office of Policy Initiatives and Budget. Official and dated organizational charts are on file in the state office and available on request or accessible via the website at (http://dhs.wisconsin.gov/organization/435_DHS/CoverPage.pdf). A brief summary of each division/office follows.

The Office of Legal Counsel (OLC) is an office within DHS which serves the Secretary and acts as a resource for the Department as a whole. The mission of OLC is to provide effective and accurate legal services and advice to the Department.

The Office of Policy Initiatives and Budget (OPIB) provides department wide planning, budgeting, evaluation and county/tribal liaison services.

The Division of Mental Health and Substance Abuse (DMHSAS) develops programs that prevent, postpone, or lessen dependence on mental health/substance abuse services. DMHSAS also ensures quality care and treatment in the Department's institutes and secure treatment facilities.

The Division of Enterprise Services (DES) provides management support related to fiscal services, information technology, and personnel issues.

The Division of Quality Assurance (DQA) certifies, licenses, and surveys approximately 46 kinds of health care and residential programs in the state of Wisconsin.

The Division of Long Term Care (DLTC) oversees the provision of long term support options for the elderly and people with disabilities including the Birth to Three Program. They operate the department institutions for persons with developmental disabilities and handles quality assurance of adult care programs and facilities.

The Division of Health Care Access and Accountability (DHCAA) is responsible for administering programs such as Medicaid, BadgerCare, Food Share, SeniorCare, and disability determination.

The Division of Public Health (DPH) is responsible for providing public health services, environmental and public health regulation. The Division has programs in the areas of environmental health; occupational health; family and community health including injury prevention, emergency medical services, chronic disease prevention and health promotion; and communicable diseases. It is also responsible for issuing birth, death, marriage, and divorce certificates as well as collecting statistics related to the health care industry and the health of the people in Wisconsin. Coordination and collaboration with other DHS divisions and within DPHs bureaus is expected and regular, especially for particular programs and topic areas such as CYSHCN, teen pregnancy prevention, STIs, tobacco use, child abuse prevention, injury prevention, preconception care, etc.

Dr. Seth Foldy assumed the position as Division of Public Health Administrator in January, 2009. Dr. Foldy was Commissioner of Health, Milwaukee County two years prior to his appointment and had been working on eHealth and incident command related projects prior to his appointment. Dr. Foldy took on restructuring of the Division shortly after his appointment. With the restructuring, 3 (down from 5) bureaus and 2 offices were created. A brief description of each of the bureaus and offices follows:

The Bureau of Communicable Diseases and Emergency Response (BCDER) is responsible for the prevention and control of communicable diseases in Wisconsin and for ensuring that the public health and hospital systems are fully prepared for emergency response whether for bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. Sections within this bureau include: Emergency Medical Services, HIV/AIDs, Immunization, Communicable Diseases/Epidemiology, STD, Public Health and Hospital Preparedness.

The Bureau of Environmental and Occupational Health (BEOH) promotes public health through statewide programs to increase public awareness of environmental and occupational health hazards and disease and works to prevent and control exposure to environmental and occupational health hazards.

The Bureau of Operations is responsible for the fiscal and budget management as well as the communications within the Division.

The Office of Policy & Practice Alignment (OPPA) develops and implements public health strategic planning. Supports a division-wide planning and policy focus on population health that will result in achieving the goals set out in the state health plans, Healthiest Wisconsin 2010/2020. They work closely with the local public health departments throughout WI providing technical assistance and consultation for Community Health Assessments and Community Health Plans.

The Office of Health Informatics (OHI) collects, maintains and provides vital records for the citizens of the state; integrates and manages major public health related information systems; collects, protects, disseminates and analyzes health care and population-based health data

needed to conduct critical state business. It leads Wisconsin's eHealth Initiative.

The Bureau of Community Health Promotion (BCHP) has a primary responsibility to provide a statewide model of integrative public health programming across the life span. The Bureau has key relationships with local health departments, community-based organizations, private voluntary organizations, and academic and health care provider networks.

The BCHP contains four organizational sections: Family Health (includes MCH, CYSCHN, and Injury Prevention); Nutrition and Physical Activity (includes WIC, Food Security, Breastfeeding); Chronic Disease and Cancer Prevention (includes diabetes, cardiovascular/stroke, oral health, arthritis); and Tobacco Prevention. The BCHP has over 100 employees, doubling in size as two bureaus merged together as part of the restructuring plan.

Within the BCHP, the Family Health Section has responsibility for the Title V Program and to improve the health of women, infants, children including Children and Youth with Special Health Care Needs Program (CYSHCN), teens, and families as they progress through the critical developmental milestones of life and across the lifecourse. A major emphasis of the programs within the Family Health Section involves prevention (including injury prevention and sexual assault prevention), early screening, and early intervention. Examples of the continuum include newborn screening, universal newborn hearing screening, developmental screening early identification of pregnancy. See Attachment III.C. - Family Health Section Organizational Chart. In addition, a more detailed description including staffing is found in Section III.D.

The Nutrition and Physical Activity Section has responsibility for a variety of public health nutrition education and food programs. WIC (The Special Supplemental Nutrition Program for Women, Infants and Children) and WIC FMNP (Farmers' Market Nutrition Program) provide both supplemental nutritious foods and the critical nutrition information including breastfeeding, needed for healthy growth. TEFAP (The Emergency Food Assistance Program) and CSFP (Commodity Supplemental Food Program) provide USDA commodity foods to low income families. Several nutrition education programs such as the Nutrition and Physical Activity Program, 5 A Day for Better Health, and the Food Stamp Nutrition Education Program to promote healthy eating and physical activity for good health. The Section is also responsible for addressing food insecurity and hunger.

The Chronic Disease and Cancer Prevention Section has responsibility to plan, promote, implement, and evaluate comprehensive population and evidence-based programs using best practices in the following areas: Oral Health, Diabetes Prevention and Control, Cardiovascular Health, Arthritis Prevention and Control, and Comprehensive Cancer Prevention and Control.

The Tobacco Prevention Section has responsibility to reduce tobacco use and exposure in every Wisconsin community. This is accomplished through programs that use best practices to prevent the initiation of smoking by youths and adults, promoting treatment for persons with tobacco-related addictions, and protecting all residents from exposure to environmental smoke.
An attachment is included in this section.

D. Other MCH Capacity

Wisconsin's current Title V MCH Block Grant award is $10,823,842. This is Wisconsin's smallest grant award since 1991 (although in 2008 there was a -1.18% reduction to the lowest point of $10,791,946). Beginning in 1995, the Wisconsin's Title V MCH Block Grant award has steadily declined (except for slight increases in 1999, 2000, 2002, and 2007 of 1 - 2%). In 2004, we experienced our biggest Title V cut EVER of 5.44% ($-648,146) with another significant cut in 2006 of 2.67% ($-299,935). To address the MCH budget reductions, the Department cut state operations by 19% in 2007. During SFY 05, Title V MCH Block Grant supported 46.99 FTEs. For SFY 10, the Grant supports a total of 35.06 FTEs (50 staff). More than 10 FTEs have been eliminated, but the workload and needs continue. Approximately 40% of the Block grant award

goes to support State Operations of the MCH and CYSHCN programming (which includes staff at both the regional and state levels). Following is an update of positions that are authorized and funded, respectively, by Wisconsin's Title V MCH Block Grant.

On May 1, 2006, the BCHP implemented a minor organizational realignment. The BCHP Office has ten staff of which 8 (7 FTE) are authorized and funded at some level with Title V funds. (The first number represents the position authority, the number in ( ) represents the amount that is charged to Title V funds, and (C) designates contracted positions.) The Bureau Office consists of the: Bureau Director 1.0 FTE (.25 charged to Title V) Susan Uttech; Chief Medical Officer 1.0 FTE (.75) Murray Katcher; Chief Dental Officer 1.0 FTE (1.0) Warren LeMay ; CYSHCN Medical Director .75 FTE (.75) Sharon Fleischfresser; Health Education Specialist .80 FTE (.80) Mary Gothard; Program Director for Disparities in Birth Outcomes 1.0 FTE (1.0) Patrice Onheiber; State Dental Hygienist Officer 1.0 FTE (1.0) Lisa Bell; and Bureau Office Manager .45 FTE (.45) B.J. Schwartz. The two positions of Youth Policy Director, Claude Gilmore, and Organ and Donor Coordinator, Martha Mallon, have position authority and funding support from other funds (CDC's Comprehensive School Health Program and state GPR and match).

The Family Health Section (office) consists of fifteen staff of which 6 staff (6.0 FTE) are supported with Title V MCH Block Grant funds: Family Health Section Chief 1.0 FTE (1.0) Linda Hale; MCH Unit Supervisor 1.0 (1.0) Terry Kruse; Grants Coordinator 1.0 FTE (1.0) Jayne Vargas; SPHERE Statewide Coordinator and Nurse Consultant 1.0 FTE (1.0) Susan Kratz; Injury and Violence Prevention Coordinator 1.0 FTE (1.0) Becky Turpin, Audiologist 1.0 FTE (1) Elizabeth Seeliger. The other FHS positions include: SSDI--Loraine Lucinski, Sexual Assault Prevention--Susan LaFlash, SPHERE IS Specialist, Michelle Gainey, Injury Surveillance--Brianna Kopp (C), Congenital Disorders--Tami Horzewski (C), Genetics--Michelle Kempf-Weibel (C), Follow Up Coordinator--Ravi Shah (C), WE TRAC Coordinator--Megan O'Hern (C), Guide By Your Side Follow Through Coordinator--Connie Stevens (C) of which six are contracted (C) positions.

The MCH Unit (which includes the CYSHCN Program) has 11 staff of which 9 staff (9 FTE) are supported with Title V MCH Block Grant funds to include: 2 Public Health Nurses who address infant and young child health 1.0 FTE (1) Ann Stueck (also the ECCS Contract Administrator) and maternal and perinatal health 1.0 FTE (1) Katie Gillespie; 5 Public Health Educators who address: women's health 1.0 FTE (1) Millie Jones; reproductive health and family planning, 1.0 FTE (1) Mike Vaughn; work of school age and adolescent health is covered by BCHP staff already mentioned, Claude Gilmore, who is funded by other grants, and children and youth with special health care needs 1.0 FTE (1) Peggy Helm-Quest and 1.0 FTE (1) Eden Schafer; 2 Epidemiologists, one dedicated to the MCH Program 1.0 FTE (1) Kate Kvale and 1.0 (1) dedicated to the CYSHCN Program, Liz Oftedahl; and 1.0 FTE (1) Office Associate Laurie Lindquist. The remaining MCH Unit staff include two CYSHCN contracted positions Amy Whitehead and Tim Markle.

The remaining 13.06 FTEs funded with Title V funds within DPH are:
• .32 FTE publications coordinator (Powers) in the Nutrition and Physical Activity Section
• .70 FTE Lead Prevention Consultant (Schirmer) in the Bureau of Environmental and Occupational Health
• 1.1 FTE Fiscal Grants Managers (Lipsey, Stevens, Etten) in the Office of Operations
• 1.0 FTE Policy Coordinator (Wymore) in the Bureau of Health Information and Policy
• 9.94 FTE that provides partial infrastructure support for staff time of regional office directors, nurse consultants, health educators, and nutritionists.

E. State Agency Coordination

COORDINATION WITH MEDICAID

Prenatal Care Coordination (PNCC)

The PNCC program assists pregnant women with accessing medical, social, educational and other services during pregnancy and through 60 days following delivery. The program consists of outreach, assessment, care plan development, ongoing care coordination and health education. There are PNCC providers in all 72 counties, through LHDs; hospitals; health plans and other private non-profit agencies. In 2009 Medicaid worked collaboratively with MCH on guideline revisions for PNCC to support increased outreach; increased intensity of services; and improved communication between PNCC provider and medical providers. The program is reaching approximately 17% of eligible women through 5 regional PNCC Provider Groups facilitated by MCH staff for technical assistance and education. The evaluation of PNCC outcomes using SPHERE data is encouraged. The Women's Health Now and Beyond Pregnancy project was implemented to enhance the PNCC postpartum services to include a focus on interconception care. The Medicaid program includes provision of PNCC in the health plan pay for performance initiative with education and technical assistance available from MCH.

Health Check

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program in WI Medicaid is known as the HealthCheck Program. HealthCheck promotes the early detection and treatment of health conditions associated with chronic illness or disabilities in children. Medicaid data has demonstrated since 1992 that children in HMOs are more likely to receive a HealthCheck exam than children in the Medicaid fee-for-service health reimbursement systems. For FY09, the annual HealthCheck participation rate was 89% with 422,965 screens completed out of 471,447 expected for all children ages birth to 20 yrs of age eligible for BadgerCare Plus.

Medical Initiatives

WI Medicaid recently announced its intention to contract with 4 managed care agencies in southeastern WI for services through 2013. In addition to requiring these HMOs to reach annual performance benchmarks for diabetes testing, blood lead testing, childhood immunization, asthma management, tobacco cessation, emergency department utilization management, and dental utilization, "the organizations will be required to provide coordinated care for pregnant women known to be at high risk for poor birth outcomes". The Title V Program was instrumental in contributing to the specifications for a medical home pilot for high-risk pregnant women, pay-for-performance guidelines, and the formation of a high-risk registry, to facilitate early care and intensive services to women with a history of, or at high-risk for, poor birth outcomes. Title V managers and staff will participate with Medicaid on an internal workgroup to oversee the implementation and monitoring of these efforts.
(http://dhs.wisconsin.gov/badgercareplus/partners/pdf/p-00162.pdf)

COORDINATION WITH OTHER HUMAN SERVICES PROGRAMS

Mental Health and AODA

Governor Doyle's Kids First Agenda of 2005 directed DHS to provide an annual progress report on the implementation of WI's Infant and Early Childhood Mental Health Plan. As a result, the DHS Infant Mental Health Leadership Team (DHS IMHLT) formed to integrate infant and early childhood mental health best practices and principles into all programs and services. Areas of collaboration include: Infant Mental Health Endorsement Process; Development and Distribution of Information on Post Partum Depression; WI Infant, Early Childhood and Family Mental Health Certificate program Summer 2010; Project LAUNCH (Linking Actions for Unmet Needs in Children's Health); Standardized Objectives for Screening; and Increasing Screening Practices Within Community Medical Homes.

The Integration of Physical Health, Mental Health, Substance Use and Addiction began through efforts between DPH and Division of Mental Health and Substance Abuse Services (DMHSAS). A Joint Statement of Integration and Action Guide were developed to bring public health, mental

health, substance use, and addiction disorders together in a conceptual integrated framework to support optimal health by promoting this integration across the lifespan. This initiative has moved to the Department level supporting the following goals: 1) Decreasing DHS respective program barriers and silos, 2) Reducing duplication of resources and efforts while identifying common areas, and 3) Increasing integration of physical health, mental health, and substance use and addiction services into all systems.
(http://dhs.wisconsin.gov/mentalhealth/jointstatement/index.htm)

Working with the DMHSAS, MCH and CYSHCN staff serve on the WI United for Mental Health Advisory Committee to assure mental illness anti-stigma prevention activities with the focus on racial disparate populations and the workplace population. Through a Healthier WI Partnership Grant, LHDs recruited minority women for focus groups on identifying mental health self-stigma. It was found that the culture of being a woman was more significant in stigma identification than race.

Social Services/Child Welfare

The social services and child welfare responsibilities lies within the WI Department of Children and Families (DCF), a new state agency established in statute on 07/01/09. The mission of the DCF is to promote the economic and social well-being of WI's children and families and with passage of the budget combines the TANF program, W-2, and the state child welfare systems. DCF is committed to protecting children, strengthening families, and building communities. The child welfare service system in WI is primarily a county-operated, state-supervised system. The State provides program funding and oversees policy direction while county human or social service departments provide child welfare services. Over the past biennium, county levy contributions for the child welfare program have increased or general reductions have been made at the local level due to reductions in the availability of federal and therefore, state funding to county allocations.

WI has 11 recognized Indian Tribes that are involved in child welfare services in areas of the state, primarily through memoranda of understanding with county agencies. Tribes receive funding from DCF for some child welfare services as well as funds directly from the federal government. Two facets of the child welfare system are state operated, including the special needs adoption program for children with special needs and child welfare services in Milwaukee County.

The MCH Program maintains working relationships with DCF and county social services to prevent child maltreatment and promote the health and well being of children in out-of-home placement. With the transfer of the funds for the Child Abuse and Neglect Home Visiting Program to DCF in 2008, a transition plan was implemented for MCH to continue to support DCF in management of the home visiting programs to focus on sustaining program integrity and quality and to avoid disruption of services. In 2010, DCF hired a home visiting coordinator to manage the home visiting programs and implement changes in allocating funds that addresses the risks for poor birth outcomes.

SSA, Voc Rehab, Disability Determination and Transitions

In accordance with federal Social Security Administration regulations, the WI DHCAA Disability Determination Bureau (DDB) determines if WI residents applying for disability benefits meet the criteria for Social Security Disability, Supplemental Security Income, Medicaid, Katie Beckett Program, and Medicaid Purchase Plan. Monthly the DDB sends names of all new child applicants regardless of eligibility to the CYSHCN program. The CYSHCN program sends information to families about the State's Regional Centers for CYSHCN and other available resources. Outreach by the Regional Centers includes contact with local SSA and Division of Vocational Rehabilitation (DVR) offices.

DVR, SSA, DPI, and the Regional Centers are youth-to-adult transition stakeholder participants with the State CYSHCN program in the WI Community of Practice (COP) on Transitions. See NPM #6. This COP is a network of individuals and organizations that promote the successful transition for and with youth with disabilities and/or special health care needs to all aspects of adult life. The CYSHCN Program through the Regional Centers and DPI support two other transition initiatives - Parents in Partnership (PIP) and Youth in Partnership with Parents for Empowerment (YIPPE).

Birth to 3 (B-3)

The Children's Services Section located in the Division of Long Term Care (DLTC) is responsible for B-3, the Part C Early Intervention Program, Family Support Program, Katie Beckett Program, Lifespan Respite and three Children's Waivers, which include coverage of children with autism. The CYSHCN Program and its Collaborators Network work closely with these programs to coordinate outreach and services to families and providers. The CYSHCN Program and B-3 pool resources to fund First Step, a 24/7 toll free hotline (includes TTY and language line) and website for parents and providers of CYSHCN. CYSHCN staff sit on the State's B-3 Interagency Coordinating Council (ICC) and its Child Find Subcommittee along with the Children's Long-Term Support Council. The CYSHCN Program's Early Identification Initiative connects local B-3 programs to primary care providers to promote early referral. Per statute, a B-3 staff is appointed by the DHS Secretary to serve on the Birth Defect Prevention and Surveillance Council. Beginning fall 2009, WI Sound Beginnings refers children who are identified as deaf and hard of hearing directly to B-3 via WE-TRAC, the EHDI data collection and tracking system. Beginning in April 2010, the SE Regional Center is part of a pilot program called Compass Wisconsin: Threshold. Threshold provides intake, application and eligibility determination for the children's waivers, Katie Beckett, Family Support and Community Options Program. The Regional Center is available to families looking for additional help or services.

COORDINATION WITH OTHER FEDERAL GRANT PROGRAMS

Title XX

Family planning services is one of the mandated services under the Title XX Social Services Block Grant. Agencies receiving Title XX funds are to offer family planning services to clients, and make available a list of clinics supported by the WI MCH Family Planning (FP) Program. Community-based health organizations under contract with the MCH FP/RSH/EI Program have established and maintain close linkages with social service agencies for outreach and as a community resource for continuity of care. Some county social service agencies directly contract with community-based FP/RH programs to support services for low-income uninsured patients who are not eligible for Wisconsin's Medicaid Family Planning Waiver (FPW). Many clients are eligible for FPW enrollment and can obtain assistance through local Economic Support offices often co-located with social service agencies. Community based FP/RSH programs are a source of confidential care for many adolescents requiring services to reduce the risk of STDs and unintended pregnancy. Sexual abuse screening is a priority issue addressed as part of adolescent health care. Community based organizations work closely with local social services agencies involving sexual abuse issues.

Healthy Start

The Black Health Coalition's (BCH) Milwaukee Healthy Beginnings Project (MHBP) is one of two Federal Healthy Start projects in WI. MHBP provides prenatal services to African American women in Milwaukee residing in 7 high-risk zip codes and incarcerated pregnant women in Milwaukee. The program collaborates with the community on the Milwaukee Fatherhood Initiative; the City of Milwaukee Health Department on safe infant sleep; with DPH Disparities in Birth Outcomes by serving on the Statewide Advisory Committee and the Action Learning Collaborative on Fatherhood. The MHBP brings other providers serving high-risk pregnant

women in the Milwaukee area together to collaborate on areas of overlap and identify solutions to fill gaps in services. In 2011 the MHBP plans to enhance preconception/interconception services, expand the service area for prenatal services and improve breastfeeding support for African American women in Milwaukee.

The Healthy Start project with Great Lakes Inter-Tribal Council, Honoring Our Children (HOC), provides maternal/child health nurses, on-site coordinators, and outreach workers at tribal sites for outreach, case management, health education, depression screening and referral, and interconception care for pregnant and postpartum women, infants, children under the age of 2, and their families. Funding from Title V supports expanded HOC services. Project outcomes are documented using SPHERE. SPHERE data is monitored by the tribal sites and used to evaluate and improve the project. Title V representatives support the HOC Project through:1) technical assistance and education related to perinatal health, reproductive health and children with special health care needs, 2) participation on the HOC Project Advisory Committee, 3) participation on the Interconception Care Learning Community team. Representatives from both Healthy Start Projects contributed to development of the Title V Needs Assessment and State Health Plan, Healthiest Wisconsin 2020.

COORDINATION WITH THE STATE DEPARTMENT OF PUBLIC INSTRUCTION (DPI)

DPI and DHS collaborative efforts include promotion of the Governor's School Health Award to improve the nutrition and physical activity of school children as outlined in the Wisconsin Nutrition and Physical Activity State Plan for schools. The criteria can be used as a self-assessment tool for schools to begin the process of creating a healthy school environment (www.schoolhealthaward.wi.gov/). DPI involves DHS in the development of the physical activity and nutrition questions on the WI Youth Risk Behavior Survey (YRBS) and analysis and interpretation of the data. Data is included in the Obesity, Nutrition and Physical Activity in WI Report (http://dhs.wisconsin.gov/health/physicalactivity/Dataindex.htm).

The MCH Program provides ECCS Grant dollars to DPI to support the work of 6 WI Early Childhood Regional Community Coaches in 5 DHS regions and in Milwaukee. The Coaches assist local communities in planning 4-yr-old kindergarten collaborations and provide training and technical assistance on implementation of standards for early learning and to promote development including social-emotional wellness.

A representative of DPI serves on the Sexual Violence Prevention Planning Committee and assisted in developing the goal that recognizes community leaders play both a formal and informal role in preventing sexual violence. A strategy to assist in progress toward goal achievement is that teachers and staff at pre-K through high school have access to information and training on age-appropriate strategies to address violence/sexual violence on WI campuses.

The Guide By Your Side (GBYS) program of WI Sound Beginnings, the state's Early Hearing Detection and Intervention (EHDI) program, is supported by DPI. The program provides support and knowledge to families from trained parents of children who are deaf or hard of hearing. The program helps make connections with at risk and newly identified families and provides unbiased information related to methods of communication. The EHDI program, promotes the use of the GBYS program to birth units, clinics, and audiologists statewide.

DHS and DPI collaborate on statewide and local abstinence, teen pregnancy, STI and HIV/AIDS prevention efforts. Partnership continues to focus on implementation of the Milwaukee Adolescent Pregnancy Prevention Partnership (MAPPP) through a 4 yr funded Milwaukee Collaborative that was developed and now monitors a Milwaukee driven, community-based partnership to reduce teen pregnancy and STIs.

DHS and DPI staff actively lead and participate in the WI Suicide Prevention Initiative (SPI) which includes maintaining the Guidelines for Suicide Risk Assessment. A Suicide Prevention Summit

was held in 2009 at which priorities were identified to develop a statewide infrastructure to support local and community-based suicide prevention coalitions. DHS and DPI have drafted model MOU language that can be used between community agencies and school districts. DHS and DPI collaborated on the development and training of toolkits for suicide prevention and mental health awareness.

The DPI Bullying Prevention Curriculum has sold over 5,000 copies nationwide. The support of this project initially came from DHS. DPI and DHS participated in a Bullying Policy meeting held 7/17/09, which made suggested revisions to guidelines for Bullying Prevention for SB 154 requirements.

DPI and DHS participate in the WI School Crisis Preparedness Committee. This committee sponsors the annual fall School Crisis Preparedness Conference and is planning the annual School Safety Week.

DHS and DPI are collaborating with the Minority Health Program to establish a separate chapter on School-Age Youth & Adolescents in the Program's next release of its State Minority Health Report. DPI will work in collaboration with DPH Nutrition and Physical Activity Program to develop its Disparity Report.

DHS and DPI is exploring the feasibility of establishing a joint department Task Force to address needs of the LGBT population in relation to their high disparate burden.

COORDINATION WITH FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

The MCH Program worked with Milwaukee Health Services, Inc. to implement group prenatal care, Centering Pregnancy and group pediatric care, Centering Parenting. The initial outcomes have shown a 96% rate of term births; 96% child spacing of 12 months; 50% breastfeeding initiation. The MCH Program assisted with providing a Father Circle simultaneously with the Centering Pregnancy.

The CYSHCN Regional Centers worked with select community health centers and their primary care providers to establish resource and outreach materials for Latino families and promote Medical Home implementation including developmental screening. The CYSHCN Program worked with the Primary Care Assoc on access to health and dental care for individuals with disabilities as part of a series of Disabilities and Disparities regional meetings led by the Division of Long Term Care.

There are currently 14 of the 17 FQHCs that are directly providing preventive and restorative dental care at 26 delivery sites throughout the state. This is an increase from 2008, when WI FQHCs had 18 delivery sites and provided 151,423 dental visits to 59,040 unduplicated patients. Several of these agencies are specially equipped to meet the unique needs of CYSHCN. In addition 43 dental professionals in 4 FQHCs received didactic and clinical training to increase and enhance their knowledge and skill base as it relates to treating CYSHCN. This training is being replicated across the state in FQHCs as a result of a HRSA grant award.

COORDINATION WITH UNIVERSITIES

The MCH/CYSHCN Programs coordinate with the UW School of Medicine and Public Health, Nursing, Population Health, and Waisman Center on program activities such as: UCEDD/LEND on early identification and Autism Spectrum Disorders Connections Initiative, EHDI learning collaborative, and Pediatric Pulmonary Center on youth with special needs transitions. The Oral Health Program partners with the Marquette Dental School and 2 technical colleges to improve dental access and provide provider training. Title V provides student mentoring for pediatric and family medicine residents, fellows, MPH students and undergraduates. The UW Extension system is also a partner in training and education. Relationships exist with the State Laboratory

of Hygiene, Medical College of WI, the Schools of Nursing at the UW-Milwaukee and Marquette, the UWM School of Communication, and technical schools on topics such as oral health, perinatal care, family planning, home visiting, medical home, birth defects surveillance and prevention, and early hearing detection and intervention.

UW-Madison School of Nursing has received funding from HRSA since October 2006 for Linking Education and Practice (LEAP) for Excellence in Public Health Nursing Project. LEAP is implemented in partnership with other Schools of Nursing in the state and DPH. The purpose of LEAP is to improve competency for public health nursing practice in a changing public health system by educating public health nurses, student nurses, and nursing faculty in the knowledge and skills required for providing population-based, culturally competent public health nursing services. A focus during 2010 is on competencies to provide services to MCH populations.

Developed in part with ECCS funds and through leadership of the MCH Program, the UW Infant, Early Childhood and Family Mental Health Certificate Program-Foundations Certificate was developed as the pathway within a 1 yr program intended for professionals from multiple disciplines who seek professional development in providing infant and family consultation and relationship-based services to young children and their families within the context of reflective practices. The first 1 year training will begin in June 2010. Additional curriculum information can be found on the website (http://www.dcs.wisc.edu/pda/mental-health/infant.htm)

The conversion of Blue Cross/Blue Shield of WI to a for-profit corporation led to establishment of an endowment fund for public health purposes. Community and academic partnership projects are funded through the UW School of Medicine and Public Health and Medical College of WI. MCH projects have been well-represented among grant award winners in both medical schools' grant competitions.

F. Health Systems Capacity Indicators

Introduction

2009 data are required by the TVIS for the Health System Capacity Indicators (HSCIs), forms 17, 18, and 19, for the 2010 Title V MCH Block Grant Application. However, 2009 data are only available for #08. Therefore, from administrative data bases, we used the most recent available data (2008) for #01, 04, and 05A-D; SFY 2009 data are used for #02, #03, #06A-B, #07A-B.

#05A-D are of particular significance since the WI DHS Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities Initiative, is one of the Department's priorities.

#09A-B reflect our program capacity to analyze and access state databases relevant to MCH Program issues. We use the HSCIs to supplement our program needs and assess our data capacity in relationship to our MCH issues.

Indicator #09A-B indicates that Wisconsin's Title V Program has excellent data from several sources. The SSDI grant is addressing the coordination of data linkages across registries and surveys. Wisconsin was awarded PRAMS in 2006.

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	27.0	27.0	20.9	18.4	18.4
Numerator	926	926	751	674	674
Denominator	342755	342755	358829	365316	365316
Check this box if you cannot report the					

numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Data issue: Data for 2009 will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Source: Wisconsin Department of Health Services, Office of Health Informatics, Division of Public Health, 2010.

Notes - 2007
Source: Numerator: Wisconsin Department of Health and Family Services, Wisconsin Hospital Discharge Data, Bureau of Health Information and Policy, 2008. Multiple hospitalizations of the same child are de-duplicated.
Denominator: Wisconsin Dept. of Health and Family Services, Divsion of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH) data query system, http:// dhfs.wisconsin.gov/wish/,Population Module, accessed 4/21/09.

Narrative:
The WI DHS has been conducting asthma surveillance activities since 1992 and asthma interventions since 1994. Since the inception of the WI Asthma Coalition in 2001, the coalition has grown to over 265 members and 10 local asthma coalitions. Children's Health Alliance of Wisconsin, (CHAW) affiliated with Children's Hospital and Health System (CHHS), coordinates the coalition and facilitates the creation and implementation of the Wisconsin Asthma Plan to provide the blueprint for addressing asthma as a public health priority, and lists the prioritized goals, objectives, and activities recommended for statewide action to reduce the burden of asthma in Wisconsin. CHAW is also a grantee of some MCH funds. Individuals with asthma are disproportionately affected across age categories, gender, race and ethnicity, geographic regions and socio-economic status. WI children have experienced a gradual increase in lifetime and current asthma prevalence. Across age categories, children under age 5 have the highest hospitalization rate (18.4 per 10,000 in 2008) in Wisconsin. By gender, males are more severely impacted by asthma during childhood, while females are disproportionately affected after puberty.

The updated Wisconsin Asthma Plan 2009-2014 was approved by the DHS Secretary and the WI Asthma Coalition in May of 2009 and can be accessed at (http://dhs.wisconsin.gov/eh/Asthma/pdf/WACPlan20092014.pdf). CHAW helps the Asthma Coalition manage the work of the coalition and facilitated the development of the plan. The overarching goals of the plan are:
• Expand and improve the quality of asthma education, prevention, management and services, and
• Decrease the disproportionate burden of asthma in disparately impacted populations.

The plan addresses all persons with asthma, regardless of gender, age, race/ethnicity or geographic area, and priorities for key environments in which persons with asthma spend significant amounts of time such as homes, schools and workplaces are included. Additional work is needed to impact asthma management.

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	97.5	97.7	96.4	97.5	88.3
Numerator	30357	31833	32934	34297	25063
Denominator	31149	32585	34154	35180	28394
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Source: DSS Data Warehouse, 2010. Data issue: The data for SFY 2009 indicate a decrease and were 88.3% compared to 97.5% for SYF 2008. This decrease is interpreted cautiously because the State's Medicaid indicators came from a different data warehouse than previous years and the data contractor used a different methodology to calculate the indicator; the decreases in the numerator and denominator may be due to dropping of the inappropriate use of procedure codes.

Notes - 2008
Source: Numerator and denominator from the Medicaid Evaluation and Decision Support Data Warehouse for SFY2008.

Notes - 2007
Source: Numerator and denominator from the Medicaid Evaluation and Decision Support Data Warehouse for SFY2007.

Narrative:
BadgerCare Plus is a combination of Wisconsin Medicaid Program for families and the State Children's Health Insurance Program (SCHIP). Since February 2009, all children under 19 years old at all income levels can enroll in BadgerCare Plus.

BadgerCare Plus also covers:
• Parents and caretakers at higher income levels (up to 200% of the federal poverty level (FPL) which is $36,620 for a family of three);
• Young adults who are leaving foster care when they turn 18 (regardless of income);
• Parents with incomes up to 200% FPL who have kids in foster care; and
• More farm families and self-employed families.

Effective April 1, 2009, Wisconsin Medicaid broadened the requirements for Express Enrollment for children to allow more children to enroll. Previously, Express Enrollment for children was limited to children 18 years or younger with a family income at or below 150% of the FPL. The change allows children younger than age 1 whose family income is at or below 250% of the FPL to temporarily enroll in BadgerCare Plus via Express Enrollment and receive health care coverage under BadgerCare Plus while a full application is being processed by their local county or tribal agency. Since the enactment of the BadgerCare Plus program, the percent of Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen has generally increased. However, the data for SFY 2009 indicate a decrease and was 88.3% compared to 97.5% for SYF 2008. This decrease is interpreted cautiously because the State's Medicaid indicators came from a different data warehouse than previous years and the data contractor used a different methodology to calculate the indicator; the decreases in the numerator and denominator may be due to dropping of the inappropriate use of procedure codes. We will monitor this indicator closely.

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	95.2	94.5	95.4	92.5	84.6
Numerator	1393	1145	1457	1447	7553
Denominator	1464	1212	1528	1564	8933
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Source: DSS Data Warehouse, 2010. Data issue: the data for SFY 2009 indicate a decrease and were 84.6% compared to 92.5% in SFY2008. This decrease is interpreted cautiously because the State's Medicaid indicators came from a different data warehouse than previous years and the data contractor used a different methodology to calculate the indicator; the increases in the numerator and denominator may be due to medical status codes overlapping the FPL and there may be duplication.

Notes - 2008
Source: Numerator and denominator from the Medicaid Evaluation and Decision Support Data Warehouse for SFY2008.

Notes - 2007
Source: Numerator and denominator from the Medicaid Evaluation and Decision Support Data Warehouse for SFY2007.

Narrative:
BadgerCare Plus is a combined program of Wisconsin Medicaid for families and the State Children's Health Insurance Program (SCHIP). Since February 2009, all children under 19 years old at all income levels can enroll in BadgerCare Plus.

BadgerCare Plus also covers:
• Parents and caretakers at higher income levels (up to 200% of the federal poverty level (FPL), which is $36,620 for a family of three);
• Young adults who are leaving foster care when they turn 18 (regardless of income);
• Parents with incomes up to 200% FPL who have kids in foster care; and
• More farm families and self-employed families.

Effective April 1, 2009, Wisconsin Medicaid broadened the requirements for Express Enrollment for children to allow more children to enroll. Previously, Express Enrollment for children was limited to children 18 years or younger with a family income at or below 150% of the FPL. The change allows children younger than age 1 whose family income is at or below 250% of the FPL to temporarily enroll in BadgerCare Plus via Express Enrollment and receive health care coverage under BadgerCare Plus while a full application is being processed by their local county or tribal agency. Since the enactment of the BadgerCare Plus program, the percent of SCHIP enrollees whose age is less than one year during the reporting year who received at least one periodic screen has remained high. However, the data for SFY 2009 indicate a decrease and

was 84.6% compared to 92.5% in SFY2008. This decrease is interpreted cautiously because the State's Medicaid indicators came from a different data warehouse than previous years and the data contractor used a different methodology to calculate the indicator; the increases in the numerator and denominator may be due to medical status codes overlapping the FPL and there may be duplication. We will monitor this indicator closely.

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	85.2	84.1	83.9	83.3	83.3
Numerator	60407	60831	61067	59970	59970
Denominator	70934	72302	72757	72002	72002
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Data issue: Data for 2009 will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Source: Wisconsin Department of Health and Family Services, Wisconsin Divsion of Pulbic Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhfs.wisconsin.gov/wish, Prenatal Care Module, accessed 04/21/10.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Wisconsin Divsion of Pulbic Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhfs.wisconsin.gov/wish, Prenatal Care Module, accessed 04/21/09.

Narrative:
The percent of women in Wisconsin (15-44 years of age) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80% on the Kotelchuck Index was 84% for the total population and 86% for white mothers. While this indicator is good, there is evidence of racial and ethnic disparities reflected in 70% of Black/African American women with expected prenatal care visits greater than or equal to 80% of the Koletchuck Index, 56% for Hmong/Laotian, 71% for Hispanic/Latina, and 72% for American Indian populations. Wisconsin PRAMS tells us 87% of white women receive prenatal care as early as desired. While 72% of Black and 76% of Hispanic/Latina women receive prenatal care as early as desired.

Increasing access to early and consistent prenatal care is a WI Department of Health Services performance measure. The following action steps are being implemented to support the improvement of this measure: 1) Increase enrollment in the Medicaid PNCC Program through improved outreach; Improve program effectiveness through increased intensity of services and Improved communication between PNCC providers, medical providers and health plans, 2)

Collaborate with the Medicaid program to improve the eligibility to all pregnant and postpartum women and to ensure that access to high quality prenatal and interconception care is provided through the HMO health plans, 3) Support the expansion of Fetal and Infant Mortality Review (FIMR) programs in Wisconsin as a quality improvement process, to monitor and improve the quality of prenatal care delivered to women at risk of poor birth outcomes, and 4) Promote access to models of prenatal care such as group prenatal care (Centering Pregnancy) and neighborhood based clinics offering multi-disciplinary prenatal care providers.

The Medicaid Program, in collaboration with the Title V MCH Program is implementing the Poor Birth Outcome Assessment and the HMO Medical Home Pilot as quality improvement initiatives in prenatal care in the geographic areas of the state at high risk for poor birth outcomes. Through these initiatives the HMO health plans will be evaluated annually on whether they provide comprehensive care to adolescents less than 18 years of age and women identified from the Medicaid High Risk Pregnancy Report. The standard of care is defined as that which meets the national guidelines established by the American College of Obstetricians and Gynecologists (ACOG) and at least 80% of the best practices for high risk women. The best practices for high risk women were developed in collaboration with the Healthy Birth Outcomes Evidence-Based Practice workgroup and are consistent with WI Association for Perinatal Care (WAPC). The Title V MCH Program will collaborate with Medicaid and statewide partners to provide technical assistance and training to HMO health plans on evidenced-based prenatal care and integrating preconception services into routine women's health care.

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	93.6	93.9	94.3	93.4	82.5
Numerator	416581	430158	435887	439099	448673
Denominator	445102	458207	462296	469934	543770
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Source: DSS Data Warehouse, 2010. Data issue: In Wisconsin State Fiscal Year 2009, it was reported that 82.5% of potentially-Medicaid eligible children received a service paid by the Medicaid program; this was a decrease compared to 93.4% for SYF2008. This decrease is interpreted cautiously because the State's Medicaid indicators came from a different data warehouse than previous years and the data contractor used a different methodology to calculate the indicator.

Notes - 2008
Source: Numerator and denominator from the Medicaid Evaluation and Decision Support Data Warehouse for SFY2008.

Notes - 2007
Source: Numerator and denominator from the Medicaid Evaluation and Decision Support Data Warehouse for SFY2007.

Narrative:
BadgerCare Plus is a combined program of Wisconsin Medicaid for families and the State Children's Health Insurance Program (SCHIP). Since February 2009, all children under 19 years old at all income levels can enroll in BadgerCare Plus.

BadgerCare Plus also covers:
• Parents and caretakers at higher income levels (up to 200% of the federal poverty level (FPL) which is $36,620 for a family of three);
• Young adults who are leaving foster care when they turn 18 (regardless of income);
• Parents with incomes up to 200% FPL who have kids in foster care; and
• More farm families and self-employed families.

Effective April 1, 2009, Wisconsin Medicaid broadened the requirements for Express Enrollment for children to allow more children to enroll. Previously, Express Enrollment for children was limited to children 18 years or younger with a family income at or below 150% of the FPL. The change allows children who meet the following criteria to temporarily enroll in BadgerCare Plus via Express Enrollment and receive health care coverage under BadgerCare Plus while a full application is being processed by their local county or tribal agency: children younger than age 1 whose family income is at or below 250% of the FPL, children ages 1 through 5 whose family income is at or below 185% of the FPL, and children ages 6 through 18 whose family income is at or below 150% of the FPL. Since the enactment of the BadgerCare Plus program, the percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program has remained high. In Wisconsin State Fiscal Year 2009, it was reported that 82.5% of potentially-Medicaid eligible children received a service paid by the Medicaid program; this was a decrease compared to 93.4% for SYF2008. This decrease is interpreted cautiously because the State's Medicaid indicators came from a different data warehouse than previous years and the data contractor used a different methodology to calculate the indicator. We will monitor this indicator closely.

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	32.6	32.4	34.5	34.9	38.0
Numerator	28599	29611	32228	35248	32299
Denominator	87771	91507	93426	100980	84915
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Source: DSS Data Warehouse, 2010.

Notes - 2008
Source: Numerator and denominator from the Medicaid Evaluation and Decision Support Data Warehouse for SFY2008.

Notes - 2007

Data entered for SFY 2007 were wrong for the 2009 Application/ 2007 Report . They are corrected for the 2010 Application/ 2008 Report. Source: Numerator and denominator from the Medicaid Evaluation and Decision Support Data Warehouse for SFY2008.

Narrative:
The problem of finding dental providers willing to accept Wisconsin Medicaid continues. Medicaid reimbursement for dental providers additionally presents access problems. The Medicaid reimbursement rate for dental professionals, although varies widely from state to state, is typically much lower than private pay patients and doesn't cover office overhead costs associated with treatment.

Wisconsin is working aggressively to increase capacity, especially in community health centers (CHCs) and safety net clinics, recently providing over $1.75 million in one time dental access funds to CHCs. Currently there is a lack of consistent ongoing dental care in those agencies, which presents another barrier to care. There is a declining dental provider population with more dentists reaching retirement and a short supply of new dental graduates. This disparity makes it a challenge for patients to obtain appointments, as well as for communities to retain dental providers. The Wisconsin Office of Rural Health has consistently increased their dental recruitment rates from 10 in 2006 to 15 in 2009, and 10 in the first half of 2010, with most placed in CHCs. Wisconsin is unique in that dental Medicaid reimbursement is both fee-for-service and HMO. The HMOs who service the largest portion of Wisconsin Medicaid recipients in and around Milwaukee typically have a lower utilization rate than those in fee-for-service. Wisconsin is working aggressively to determine a mechanism for more comprehensive accountability on the part of the HMO administrator having recently released a Request for Application potentially to engage a new administrator and evaluate service delivery. Dental utilization for EPSDT children between 6-9 years of age in the four counties serviced by the HMO is 21.73%, well below the state average of 37.79%.

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	14201	14590	15289	15793	16929
Denominator	14201	14590	15289	15793	16929
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
As of December 2009, 16,929 children under the age of 16 received SSI benefits and are automatically eligible for the Wisconsin Medicaid Program. The CYSHCN Program provided information and resource materials to 2,541 families who made application to SSI. Direct services were provided through MCH programs and the CYSHCN Regional Centers to 269 clients less than 16 years of age on SSI.
Data issues: The denominator, 16,929 is provided by the Social Security Administration through an informal agreement between SSA and Healthy and Ready to Work (HRTW) and can be found

at http://www.hrtw.org/youth/data.html SSI Stats. The numerator is the same as all SSA recipients are automatically eligible for the Wisconsin Medicaid program. All SSI beneficiaries less than 16 years old are automatically eligible for Wisconsin Medicaid Program which provides comprehensive rehabilitative services. This indicator is consistent with other states with universal Medicaid coverage for these services. Title V's role is focused on assuring families are aware of and enrolled in SSI. As such, under an MOU agreement, the Wisconsin Disability Determination Bureau of SSA electronically provides the CYSHCN program names and addresses of children under age 16 who have made application for SSI benefits. In 2009, 2,541 families were sent information from the CYSHCN Program about the CYSHCN Regional Centers, Family Voices, Birth to 3 and other disability resources, whether or not the child was found eligible for SSI.

Notes - 2008
The denominator, 15,793 is in a report from the Social Security Administration and the numerator is the same. Data Issue: All SSI beneficiaries less than 16 years old are automatically eligible for Wisconsin's Medicaid Program which provides comprehensive rehabilitative services. This indicator is consistent with other states with universal Medicaid coverage for these services. Titles V's role is focused on assuring families are aware of and enrolled in SSI. As such, under an MOU agreement, the Disability Determination Bureau of SSA electronically provides the CYSHCN program names and addresses of children under age 16 who have applied for SSI benefits.
The CYSHCN program provided information and resource materials to 2,040 families who made application to SSI. Direct services were provided to 248 clients less than 16 years of age on SSI through agencies reporting in SPHERE.

Notes - 2007
The denominator, 15,289 is in a report from the Social Security Administration and the numerator is the same. Data Issue: All SSI beneficiaries less than 16 years old are automatically eligible for Wisconsin's Medicaid Program which provides comprehensive rehabilitative services. This indicator is consistent with other states with universal Medicaid coverage for these services. Titles V's role is focused on assuring families are aware of and enrolled in SSI. As such, under an MOU agreement, the Disability Determination Bureau of SSA electronically provides the CYSHCN program names and addresses of children under age 16 who have applied for SSI benefits. In 2007, 2,416 families were sent information from the CYSHCN program about the regional CYSHCN Centers, Family Voices, Birth to 3 and other disability resources, whether or not they were found eligible for SSI.

Narrative:
As of December 2009, 16,929 children under the age of 16 received SSI benefits and are automatically eligible for the Wisconsin Medicaid Program. The CYSHCN Program provided information and resource materials to 2,541 families who made application to SSI regardless of eligibility. The denominator, 16,929 is provided by the Social Security Administration through an informal agreement between SSA and Healthy and Ready to Work (HRTW) and can be found at (http://www.hrtw.org/youth/data.html) SSI Stats. Data issue: All SSI beneficiaries less than 16 years old are automatically eligible for Wisconsin Medicaid Program which provides comprehensive rehabilitative services. This indicator is consistent with other states with universal Medicaid coverage for these services. Title V's role is focused on assuring families are aware of and enrolled in SSI. Under an MOU agreement, the Wisconsin Disability Determination Bureau of SSA electronically provides the CYSHCN program names and addresses of children under age 16 who have made application for SSI benefits. Direct services were provided through MCH programs and the CYSHCN Regional Centers to 269 clients less than 16 years of age on SSI.

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05	YEAR	DATA SOURCE	POPULATION

Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State			**MEDICAID**	**NON-MEDICAID**	**ALL**
Percent of low birth weight (< 2,500 grams)	2008	matching data files	9	5.3	7

An attachment is included in this section.

Narrative:
See Attachment III.F. 05A - 2008 Wisconsin Occurrence Births to Wisconsin Residents Percent Low Birth Weight (<2500 gms)

The total low birth weight for Wisconsin infants in 2008 was 7.0% compared to 8.3% of the United States infants in 2006. The low birth weight percentage in Wisconsin was 6.3% among Whites, 13.0% among Blacks/African Americans, 8.0% among American Indians, 6.3% among Hispanic/Latinas, 7.0% among Laotians/Hmong, and 6.9% among other Asians.

The percent of LBW births is a WI Department of Health Services Executive Performance Measure. Because the African American LBW continues as the highest among all racial and ethnic populations in Wisconsin, our efforts will continue to primarily focus on this population. Action steps for this indicator include: 1) continue efforts to target First Breath (smoking cessation for pregnant women) and other MCH initiatives to African American women; 2) maintain the social marketing campaign to address the underlying social determinants of health, including the importance of not smoking during pregnancy and smoke-free environments (66% of African American women in Wisconsin who said "yes" to smoking, reported smoking in the last 3 months of pregnancy. PRAMS 07-08); 3) continue implementation of recommendations from the Healthy Birth Outcomes Pay-for-Performance workgroup to improve birth outcomes among Medicaid recipients; and 4) implement recommendations from the Evidence-Based Practices sub-committee under the Elimination Racial and Ethnic Disparities in Birth Outcomes Initiative.

Specific recommendations will be made to the HMO health plans on interconception care for high-risk women. The Title V MCH Program will collaborate with statewide partners and Medicaid to provide technical assistance and training to the HMO health plans on identifying and providing services to high-risk women during the interconception period. LBW by race, ethnicity and geographic location will be tracked and monitored on an annual basis as part of the DHS Healthy Birth Outcomes Initiative to Eliminate Racial and Ethnic Disparities in Birth Outcomes.

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Infant deaths per 1,000 live births	2008	matching data files	8.4	5.1	6.6

An attachment is included in this section.

Narrative:

See Attachment III.F. 05B - 2008 Wisconsin Occurrence Births to Wisconsin Residents Infant Mortality Rate

The total infant mortality in Wisconsin is 6.6% due to the white population data of 5.7%. The disparities are reflected in the outcomes by race and ethnicity with 13.2% Black infant deaths; 8.8% American Indian infant deaths; 6.4% Hispanic infant deaths and 8.2% Asian infant deaths.

Collaborative efforts to sustain funding to support Milwaukee FIMR and to expand FIMR to the southeast region of Wisconsin continue. A Regional FIMR system would address the communities with highest risk populations for early and preventable infant deaths as well as the disparities in infant mortality. Currently, the City of Racine and Dane County are collaborating with the City of Milwaukee to expand FIMR. The 2005-2007 FIMR report identified the most common causes of infant death in Milwaukee: prematurity; SIDS or accidental suffocation; congenital abnormalities. This report identified recommendations such as improve preconception/interconception/prenatal health access; improve mental health services; and promote safe infant sleep.

As stated earlier, the Wisconsin Partnership has dedicated funding towards eliminating the racial and ethnic disparities in birth outcomes in the southeast region of Wisconsin. This 5-year initiative, Lifecourse Initiative for Healthy Families (LIHF), occurring at the community level, is supported by Title V through statewide partner efforts. In the coming year the Title V MCH Program will collaborate with statewide partners and local health departments to outspread both Child Death Review and FIMR to all Wisconsin jurisdictions, using the National CDR and FIMR processes. Findings from the review of fetal, infant and child deaths will be identified and shared with Community Action Prevention Teams at the local and state levels for the purpose of influencing changes in policy, system and individual behaviors to prevent future avoidable deaths. The combined fetal, infant, child death review project, Keeping Kids Alive, will provide close and active monitoring of efforts targeting the reduction of poor birth outcomes and preventable infant deaths.

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2008	matching data files	73.9	89.2	82.2

An attachment is included in this section.

Narrative:
See Attachment III.F. 05C - 2008 Wisconsin Occurrence Births to Wisconsin Residents Percent First Trimester Prenatal Care

While the percentage of women receiving first trimester prenatal care is good for Wisconsin overall (82.2%) and White women (84.5%), disparities continue for Black (70.3%), Hmong (81.6%), American Indian (72.3%) and Hispanic (71.4%) women. These disparities are further identified by women served through Medicaid (73.9%) and all other insurances (89.2%).

As stated earlier DHS has identified access to first trimester prenatal care as an executive performance measure. In addition to the previously identified action steps to achieve the statewide goal of 88%, the Title V MCH Program supports the Centering Pregnancy model of group prenatal care being implemented in Milwaukee through multiple health care systems. In the upcoming year Title V will increase efforts towards preconception / interconception care and overall women's health services being implemented, along with statewide partners, in various clinical and public health settings. Additionally, through the Family Planning/Reproductive Health program, Women's Health Now and Beyond Pregnancy will be expanded through local health department PNCC programs to assist women with a reproductive life plan; contraceptive supplies and services, maintenance of folic acid; and identifying a medical home.

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2008	matching data files	76.5	89	83.3

An attachment is included in this section.

Narrative:
See Attachment III.F. 05D - 2008 Births to Wisconsin Residents: Percent Adequate Prenatal Care: Kotelchuck

The Wisconsin Division of Health Care Access and Accountability (DHCAA) has implemented the high-risk birth registry as part of Healthy Birth Outcomes Comprehensive Plans. The registry includes women up to age 45 who meet one or more of the following criteria: prior poor birth outcome; chronic health condition; reside in high risk zip code of Milwaukee; smokes; is African American. Each health plan submitted a plan outlining details for screening, outreach, engagement, prenatal and postpartum care, education, interconception care and infant care. The plans were reviewed collaboratively by DHCAA and DPH and a training session for health plan Medical Directors was held to suggest evidence-based improvements to service delivery.

Through the Poor Birth Outcome Assessment initiative the DHCAA will implement annual evaluation of the health plans. The health plans will be evaluated on whether they provide comprehensive care to adolescents and women known to be at high risk for a poor birth outcome. Satisfactory care is defined as care that meets national guidelines established by the American College of Obstetricians and Gynecologists and other best practices for high risk women as determined by the Department. A chart review will be conducted by the DHCAA to determine whether the care provided meets the criteria for satisfactory care. Care that meets all of the ACOG guidelines and at least 80% of the best practices for high risk women will be considered satisfactory. The health plan will be assessed $2,000 per birth for each member that had a poor birth outcome and did not receive satisfactory care. The Title V MCH Program will continue to collaborate with the DHCAA on identifying evidence-based practices for high-risk women and providing technical assistance and training to the health plans.

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Infants (0 to 1)	2009	185
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Infants (0 to 1)	2009	200

Narrative:
As of 2008, the term "BadgerCare Plus" has replaced the programs previously known as Family Medicaid Healthy Start, and BadgerCare in Wisconsin (BadgerCare began as Wisconsin's SCHIP program). Before BadgerCare Plus, income eligibility levels, in terms of percentage of the federal poverty guidelines (FPL), were within 185% of FPL for infants, children to age 18, and pregnant women. Families could remain insured in the program while earning up to 200% of FPL

With BadgerCare Plus, these populations, and their income eligibility levels, were implemented:
1. All children, (birth to age 19,) with incomes above 185% of FPL;
2. Pregnant women with incomes between 185 and 300% of FPL;
3. Parents and caretaker relatives with incomes between 185 and 200% of the FPL;
4. Caretaker relatives with incomes between 44 and 200% of FPL;
5. Parents with children in foster care, with incomes up to 200% of FPL;
6. Youth ages 18 through 20 aging out of foster care; and
7. Farmers and other self-employed parents with incomes up to 200% of FPL, contingent on depreciation calculations.

As of May 2010, the initial (100%) threshold for a family of three in WI is $18,310; (200% is $36,620). The scope of coverage under BadgerCare Plus is such that virtually all of pregnant women, infants and children receive "standard" coverage equivalent to Wisconsin's comprehensive Medicaid benefit package. BadgerCare Plus represents the most sweeping expansion and reform of the low-income, family portion of Medicaid since its inception in 1966. Wisconsin will streamline eligibility, assist employees to purchase quality, employer-sponsored coverage, and provide incentives for healthy behaviors.

In 2009, WI implemented an expansion to cover childless adults with a Core Plan of more limited benefits. That program, subject to federal budget neutrality provisions, quickly reached its enrollment limit. In the 2010 Legislature, a proposal to implement a self-funded Basic Plan for those on the sizable Core Plan waiting list was enacted into law. The Legislature approved the Basic Plan, which Badgercare Plus officials hope will serve as a "bridge" to the more comprehensive coverage options offered by the enactment of national health systems reform. The BadgerCare Plus Basic plan is an optional, limited benefit health care plan. Only individuals who are on the Core Plan Waitlist will have the option to enroll in the Basic Plan. Enrollment in the BadgerCare Plus Basic on June 1 with benefits to begin July 1. All members must pay a monthly premium of $130 per person.

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06	**YEAR**	**PERCENT OF**

The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.		**POVERTY LEVEL Medicaid**
Medicaid Children (Age range 1 to 18) (Age range to) (Age range to)	2009	185
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Medicaid Children (Age range 1 to 18) (Age range to) (Age range to)	2009	200

Narrative:
See narrative for HSCI #06A.

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Pregnant Women	2009	185
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Pregnant Women	2009	200

Narrative:
See narrative for HSCI #06A.

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	**Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3)**	**Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)**
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth	2	Yes

certificates and WIC eligibility files		
Annual linkage of birth certificates and newborn screening files	2	Yes
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	2	Yes
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

Notes - 2011

Narrative:
The Wisconsin Title V MCH/CYSHCN Program has access to policy and program relevant data from several sources, including:
• Birth records are matched to infant death certificates;
• Birth records are linked to both Medicaid eligibility and infant hospital discharge files; Birth records are not linked to MA paid claims on a regular basis but have been linked for special projects;
• Birth records are not linked to WIC eligibility files but have been linked to WIC Pregnancy Nutrition Surveillance System (PNSS) and WIC Pediatric Nutrition Surveillance System (PedNSS) files through 2002 births. These have not been linked in recent years because of funding limitations;
• Birth records have been linked to newborn screening files on a pilot basis and for special projects, but are not currently linked routinely. The Wisconsin Vital Records reporting system is being upgraded to an on-line electronic system which will allow linkages to newborn screening data beginning in June 2010;
• Hospital discharge survey data for in-state discharges;
• Wisconsin Birth Defects Registry (WBDR) which allows for real-time reporting of birth defects electronically either as individual reports or by uploading from an electronic records system to a secure website;
• Data from the first year of the PRAMS survey is now available and the combined from the first two years (2007 and 2008) will be available the summer of 2010; and
• Data from the from the Behavior Risk Factor Survey (BRFS) and Youth Risk Behavior Surveillance System (YRBS).

In addition to the above data sources, Wisconsin MCH Program's internal data collection system, the Secure Public Health Electronic Record Environment (SPHERE) system continues to document and evaluate standardized demographic and health information, health status indicators, and outcomes of MCH activities. SPHERE documents and has reporting ability to evaluate maternal and child health activities and interventions at the individual, household, community, and system level and is used to track selected services and outcomes related to the NPMs and SPMs.

Under leadership of the SSDI Coordinator, the Newborn Health Profile (NHP) Project began in 2009 to investigate feasibility of sharing information through linkages of infant birth and death data, Newborn Hearing Screening, Newborn Metabolic Screening, Immunization Registry data and lead testing data. The NHP will provide information on every infant within the state with

access granted (according to HIPAA & FERPA requirements) to public health officials improving quality of population-based data available for surveillance of all newborns in WI. In the spring of 2010, a proposal defining current data structures, surveillance data needed, and issues identified that are barriers to full implementation of a Newborn Health Profile was presented to DPH leadership who approved continuing staff time to develop a detailed technical plan and a plan to address parental consent to share information.

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	**Does your state participate in the YRBS survey? (Select 1 - 3)**	**Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)**
Youth Risk Behavior Survey (YRBS)	3	No
Wisconsin Youth Tobacco Survey	3	Yes
Wisconsin PRAMS (Pregnancy Risk Assessment Monitoring System)	3	No

Notes - 2011

Narrative:
The Bureau of Community Health Promotion's (BCHP) Tobacco Prevention Section has responsibility to reduce tobacco use and exposure in every Wisconsin community. The section analyzes the YRBS tobacco questions on a regular basis and administers the Wisconsin Youth Tobacco Survey every other year. BCHP staff work closely with Wisconsin DPI staff and are actively involved in the YRBS analysis and dissemination of results.

IV. Priorities, Performance and Program Activities

A. Background and Overview

The attached grid (see Attachment IV.A) depicts the National and State Performance Measures, their objectives, and the most recent indicators. We have noted whether or not we have met the objective. The following narrative sections include discussion on Wisconsin's ten state priorities (Section IV.B), the national performance measure activities (Section IV.C), and state performance measure activities (Section IV.D).

An attachment is included in this section.

B. State Priorities

The priorities of the Wisconsin MCH Program for 2011-2015 differ slightly from previously identified priorities because of the MCH Program's increased emphasis on life-long prevention, increased understanding of the social-ecological model of health improvement and recent research on the life course theory. The eight priorities are not specific risk or protective factors, but identify key areas to support and implement interventions that will target a myriad of factors as early as possible while acknowledging the role of families, the health system and communities on the risk and protective factors impacting an individual's health.

The priorities of the Wisconsin MCH Program for 2011-2015 are:

a) Reduce health disparities for women, infants, and children, including those with special health care needs

Wisconsin's racial and ethnic minority communities continue to endure striking inequities in health. Social, environmental, cultural, and economic factors, including poverty, education, use of health care, and quality of health care exert considerable influence on the health of mothers, children, and families. In addition, children and youth with special health care needs experience differences in health outcomes compared to other children.

This priority focuses on promoting activities and policies that reduce health disparities for women, infants, and children, including children with special health care needs. By identifying and addressing differences in health outcomes, the Wisconsin Maternal & Child Health Program expects efforts to promote health equity and reduce disparities will result in social environments and public policies that lead to changes in:

NPM #04 Percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.

SPM #01 Percent of African-American women having a live birth who experience depressive symptoms after pregnancy.

HSI8a. and HSI8b. Numbers of children's deaths by race and ethnicity.

Outcome Measure: The ratio of black infant mortality rate to white infant mortality rate.

Additional Measures: Disparity Ratios for infant mortality, low birth weight (<2,500 grams), prematurity and timing of entry into Women, Infants & Children (WIC) Program, and racial and ethnic disparities in teen birth rates.

b) Increase the number of women, children, and families who receive preventive and treatment health services within a medical home

Receipt of preventive and treatment services within a medical home model leads to better health

outcomes. Services such as primary care, prenatal care, well-child and well-women care are most effective if provided by a medical home that knows its patients and patient populations; partners with and learns from patients and families; connects with other community-based organizations; and offers safe, efficient care while coordinating with other medical providers such as reproductive and mental health providers. (Wisconsin promotes the right of all men and women to receive sensitive and personal health related services from a separate medical home including reproductive/sexual health and mental health as part of the larger patient centered care approach described in the context of the "medical home" concept.)

This priority focuses on promoting activities and policies that support the development of medical homes and contributes to the overall health of women, children, and families. By emphasizing this comprehensive approach to coordinated care, the Wisconsin Maternal & Child Health Program expects efforts to promote medical homes will result in health care environments and public policies that lead to changes in:

NPM #03 Percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.

SPM #02 Percent of children who have a medical home.

Additional Measures: The number of certified medical home practices in the state according to NCQA.

c) Increase the number of children and youth with special health care needs and their families who access necessary services and supports

Families of children and youth with special health care needs who require health care and community supports continue to identify barriers to receiving coordinated and comprehensive resources and supports for their child including medical, mental heath, and dental care services. Although Wisconsin has a variety of services that enhance the opportunities that allow children with disabilities to stay in their homes and their families to become connected to the community, there remain many children who are receiving fragmented and inadequate health care services and community supports.

This priority focuses on promoting activities and policies to support infants, children, and adolescents with disabilities and special health care needs access to systems of care throughout their lifetime. By identifying and addressing challenges faced by families such as lack of understanding by professionals, lack of specialized providers and inadequate funding, the Wisconsin Maternal & Child Health Program expects efforts to promote comprehensive coordinated services and supports will result in social environments and public policies that lead to changes in:

NPM #02 Percent of children with special health care needs age 0 to 18 years whose families' partner in decision making at all levels and are satisfied with the services they receive.

NPM #05 Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily.

NPM #06 Percent of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

d) Increase the number of women, men, and families who have knowledge of and skills to promote optimal infant and child health, development, and growth

Optimum infant, child, and adolescent health, development and growth lays the foundation for health and success across the lifespan. This priority focuses on promoting activities and policies

that support healthy physical growth and development to ensure the birth of healthy infants and the nurturing and care of children and adolescents at home, early care and education, and health care settings.

By emphasizing the connection between early health status and development milestones with life-long health through a life course model, the Wisconsin Maternal & Child Health Program expects efforts to promote optimal infant, child, and adolescent health; growth and development will result in social environments and public policies that lead to changes in:

NPM #11 Percentage of mothers who breastfeed their infants at 6 months of age.

SPM #03 Percent of children age 10 months to 5 years who received a standardized screening for developmental or behavioral problems.

Outcome Measure: The infant mortality rate
Outcome Measure: Neonatal mortality rate
Outcome Measure: Post-neonatal mortality rate.
Outcome Measure: Perinatal mortality rate.
Outcome Measure: Child death rate.

Additional Measures: Proportion of parents reporting that a health provider assessed their child's learning, development, communication or social behavior.

e) Increase the number of women, children, and families who have optimal mental health and healthy relationships

Optimum mental health and healthy relationships provide the foundation for success across the lifespan and are essential to overall health. Helping children and adolescents develop healthy relationship skills early can contribute to their social-emotional development and help them interact positively with others as they grow. Children who grow up in healthy relationships respect others. They can talk honestly and freely to supportive people and share decisions. They trust and support each other and respect each other's independence. CYSHCN may need additional mental health supports.

This priority focuses on promoting activities and policies that support the development of healthy relationships and contribute to optimum mental health and social-emotional development. By emphasizing a public health approach to mental health, the Wisconsin Maternal & Child Health Program expects efforts to promote optimal mental health and healthy relationships will result in social environments and public policies that lead to changes in:

NPM #16 Rate per 100,000 of suicide deaths among youths aged 15 through 19.

SPM #04 Rate per 1,000 of substantiated reports of child maltreatment.

Additional Measures: Percent of children who have depression, anxiety or emotional problems; Percent of CSHCN and non-CSHCN who received mental health treatment in the past year; Incidence of intimate violence and hate crimes.

f) Increase the number of women, men, and families who have knowledge of and skills to promote optimal reproductive health and pregnancy planning

Because almost half of pregnancies in Wisconsin are not planned, many women are not aware they are pregnant until after the critical period of time (4-10 weeks after conception) has passed. As such, planning for the possibility of pregnancy or preconception care is recognized as a critical component of health care for women of reproductive age. The main goal of preconception care is to provide health promotion, screening and interventions for women of reproductive age to reduce

risk factors that might affect future pregnancies.

This priority focuses on promoting reproductive and sexual health. By encouraging adolescents to delay sexual activity, promoting access to reproductive health and family planning services for sexually active women of childbearing age and postpartum women, and promoting the adoption of healthy behaviors by women of childbearing age, the Wisconsin Maternal & Child Health Program expects efforts to promote optimal reproductive health and pregnancy planning will result in social environments and public policies that lead to changes in:

NPM #08 Rate of Birth (per 1,000) for teenagers aged 15 - 17 years of age.

NPM #15 Percent of moms who smoke in the last three months of pregnancy.

NPM #17 Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

NPM #18 Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

SPM #05 Percent of eligible women enrolled in the Wisconsin Medicaid Family Planning Waiver during the year.

SPM #06 Percent of women having a live birth who reported having an unintended or unwanted pregnancy.

Additional Measures: Percent of births that are to women with avoidable risks for poor birth outcomes; Percent of sexually active high school students who reported that they or their partner had used a condom during last sexual intercourse; Unintended pregnancy rates.

g) Increase the number of women, children, and families who receive preventive screenings, early identification, and intervention

Identification of health risks and concerns as early as possible in the lifespan, during developmentally sensitive periods yields the greatest benefits for optimal health. Many risk factors that can be identified and influenced in childhood and adolescence are directly connected to chronic diseases later in life.

This priority focuses on increasing access to preventive screening and treatment services for mothers, children, and families. By supporting and implementing interventions that target risks and concerns as early as possible, the Wisconsin Maternal & Child Health Program expects efforts to promote preventive screenings at an individual and community level will result in social environments and public policies that lead to changes in:

NPM #01 Percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

NPM #12 Percent of newborns who have been screened for hearing before hospital discharge.

SPM #07 Percent of children under 1 year of age enrolled in Wisconsin's Birth to 3 Program.

h) Increase the number of women, children, and families who live in a safe and healthy community

Communities exert considerable influence on the health of mothers, children, and families. The immediate surrounding of a person, where he or she lives, plays an important role in influencing

individual behaviors as well as contributing to the overall health of an individual.

This priority focuses on helping communities reduce injuries, prevent violence against children and promote healthy physical and built environments. By supporting and implementing interventions that support injury prevention, emphasize safety and improve the quality of the environment, the Wisconsin Maternal & Child Health Program expects efforts to promote safe and healthy communities will result in social environments and public policies that lead to changes in:

NPM #10 Rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

HSI3a. Death rate among children aged 14 years and younger due to unintentional injuries.

HSI4a. Rate of all nonfatal injuries among children aged 14 years and younger.

The Wisconsin Maternal & Child Health Program will engage in collaborative activities with DHS partners to impact the following National Performance Measurements not identified above in the 2011 - 2015 priorities:

NPM #07 Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B (Primary Partner: Immunization Program)

NPM #09 Percent of third grade children who have received protective sealants on at least one permanent molar tooth (Primary Partner: Oral Health Program)

NPM #13 Percent of children without health insurance (Primary Partner: Division of Access and Accountability)

NPM #14 Percent of children, ages 2-5 years, receiving WIC services that have a BMI at or above the 85th percentile (Primary Partner: Nutrition & Physical Activity Program)

The scope of the priorities for 2011-2015 is broad and can only be addressed through work undertaken in collaboration with a wide variety of internal and external partners. Statewide and local activities to address the priorities have been developed and will be implemented over the next five years. Many factors may influence the activities being implemented to address each priority. Although the activities may change over time, the priorities themselves will stay the same unless ongoing surveillance of the needs of mothers and children indicates changes are needed.

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	117	119	106	118	115
Denominator	117	119	106	118	115
Data Source				WI St Lab Hyg 2009.	WI St Lab Hyg 2010.
Check this box if you cannot report the					

numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	100	100	100	100	100

Notes - 2009
Source: Numerator: NBS program, State Lab of Hygiene, Wisconsin, 2009. The number of infants that were confirmed with a condition through newborn screening and who receive appropriate follow-up care.
Denominator: NBS program, State Lab of Hygiene, Wisconsin, 2008. The number of screened through NBS and confirmed with a condition.
Wisconsin screens for 47 congenital disorders. Every newborn with an abnormal NBS result is tracked by the NBS Program to a normal result or appropriate clinical care.

Notes - 2008
Source: Numerator: NBS program, State Lab of Hygiene, Wisconsin, 2008. The number of infants that were confirmed with a condition through newborn screening and who receive appropriate follow-up care.
Denominator: NBS program, State Lab of Hygiene, Wisconsin, 2008. The number of screened through NBS and confirmed with a condition.
Wisconsin screens for 47 congenital disorders. Every newborn with an abnormal NBS result is tracked by the NBS Program to a normal result or appropriate clinical care.

Notes - 2007
Source: Numerator: NBS program, State Lab of Hygiene, Wisconsin, 2007. The number of infants that were confirmed with a condition through newborn screening and who receive appropriate follow-up care.
Denominator: NBS program, State Lab of Hygiene, Wisconsin, 2008. The number of screened through NBS and confirmed with a condition.
Wisconsin screens for 47 congenital disorders. Every newborn with an abnormal NBS result is tracked by the NBS Program to a normal result or appropriate clinical care.

a. Last Year's Accomplishments
1. Newborn Screening--Population-Based Services--Infants

In 2009, 69,533 infants were screened for 47 different congenital disorders. 115 infants were confirmed with a condition screened for by the NBS Program and 100% were referred for appropriate follow-up care.

The NBS Coordinator organized the biannual NBS Advisory Group (Umbrella Committee) and six subcommittee meetings.

2. Diagnostic Services--Direct Health Care Services--Infants

The Department provided necessary diagnostic services, special dietary treatment as prescribed by a physician and follow-up counseling for the patient and his or her family through contracts with specialty clinics and local agencies. Five cystic fibrosis centers, three metabolic clinics, one sickle cell comprehensive care center, one genetics center, and a local health department receive these contracts. The DPH Newborn Screening Coordinator worked with the contracted agencies to promote and improve the NBS Program through the establishment and evaluation of performance-based objectives. Work with the contract agencies includes the coordination and

tracking of nutritional products for congenital disorders patients.

3. Development of Educational Materials--Enabling Services--Pregnant women and families with infants.

A Newborn screening tool kit was developed for educators and health care providers to provide information about newborn screening and newborn screening resources. Quarterly newsletters were sent to birth hospital coordinators with regular updates and reminders about newborn screening.

The Wisconsin NBS Program continued to participate in the HRSA "Region 4 Genetics Collaborative" grant with Wisconsin representatives in all workgroups. The regional collaborative allows states to share expertise in new technologies and best practice models to maximize available newborn screening resources.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Newborn Screening			X	
2. Diagnostic Services	X			
3. Development of Educational Materials		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Newborn Screening--Population-Based Services--Infants

The Wisconsin NBS Program currently screens all infants for 47 congenital disorders.

The NBS Program is working with WI Sound Beginnings EHDI, Vital Records, and Birth Defects Surveillance System to explore linking newborn screening data with other birth data. WSB is exploring the addition of NBS results on the notification report sent to primary care providers identified on the blood card.

The NBS Coordinator organizes the biannual NBS Advisory Group (Umbrella Committee) and six subcommittee meetings.

2. Diagnostic Services--Direct Health Care Services--Infants

The DPH NBS Coordinator establishes and monitors objectives with agencies contracted to provide direct services. The 4 focus areas of the contracts include: diagnosis; referral for services and clinical care; care coordination; and transitions.

3. Development of Educational Materials--Enabling Services--Pregnant women and families with infants

Education to birth hospital coordinators, midwives, care providers continues through the dissemination of quarterly newsletters, the WI NBS Brochure, and the NBS DVD and NBS Educational toolkit.

The NBS program works with the Region IV Genetic Collaborative to share the web-based programming. A link to the Guide for Families developed by the Medical Home Education Workgroup will be shared with families and health care providers (http://region4genetics.org/information_pages/Region_4_Medical_Home_Guide.pdf)

c. Plan for the Coming Year

1. Newborn Screening--Population-Based Services--Infants

In 2011, all infants born in WI will continue to be screened at birth for a minimum of 47 congenital disorders.

The NBS Advisory Group (Umbrella Committee) and its Cystic Fibrosis/Molecular, Metabolic, Hemoglobinopathy, Endocrine, Immunodeficiency, and Education subcommittees will meet at least biannually to advise the Department regarding emerging issues and technology in NBS. Two additional Subcommittees will be added in 2011: Hearing Screening and Genetic Diseases of Childhood.

2. Diagnostic Services--Direct Health Care Services--Infants

DHS will continue to implement a paper-based tracking system for NBS dietary services in preparation for a web-based system. Tracked services will include the provision of dietary formulas and medical food products to children with conditions screened for by NBS by dieticians at contracted specialty centers. Performance based contracts will be reviewed and revised to continue to promote Medical Home implementation strategies such as care coordination and transition planning.

3. Development of Educational Materials--Enabling Services--Pregnant women and families with infants

The NBS Advisory Group Education subcommittee will continue to educate the public and medical providers about Severe Combined Immunodeficiency (SCID) and other disorders. The subcommittee will continue to improve communication with the NBS program and hospitals through e-newsletters and other means. The subcommittee will continue to provide an educational tool kit for childbirth educators and health care providers with information about newborn screening and newborn screening resources. The subcommittee will use the NBS DVD as an education piece in a variety of settings to educate about Newborn Screening.

Wisconsin Sound Beginnings staff will continue to coordinate outreach and education to hospitals.

The NBS program will work with the Region IV Genetics Collaborative to share developed resources like the Guide for Families with Wisconsin partners.

Form 6, Number and Percentage of Newborns and Others Screened, Cases Confirmed, and Treated

The newborn screening data reported on Form 6 is provided to assist the reviewer analyze NPM01.

Total Births by Occurrence:	**69533**
Reporting Year:	**2009**

Type of Screening Tests:	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%	No.	No.	No.	%
Phenylketonuria (Classical)	69533	100.0	6	3	3	100.0
Congenital Hypothyroidism (Classical)	69533	100.0	347	58	58	100.0
Galactosemia (Classical)	69533	100.0	3	1	1	100.0
Sickle Cell Disease	69533	100.0	11	11	11	100.0
Biotinidase Deficiency	69533	100.0	1	1	1	100.0
Congential Adrenal Hyperplasia	69533	100.0	295	5	5	100.0
Cystic Fibrosis	69533	100.0	201	16	16	100.0
Fatty Acid Oxidation	69533	100.0	186	7	7	100.0
Organic Acidemia	69533	100.0	205	12	12	100.0
Aminoacidopathies	69533	100.0	52	1	1	100.0

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	69.6	70	70.5	71	71.5
Annual Indicator	66.6	65.3	65.3	65.3	65.3
Numerator	47819	132074	132074	132074	132074
Denominator	71816	202257	202257	202257	202257
Data Source				SLAITS CSHCN.	SLAITS CSHCN.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	72	72.5	71	71	71

Notes - 2009

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

a. Last Year's Accomplishments
1. Family Support Services--Enabling Services--CYSHCN

In 2009, the following services were provided: 117 families were matched through the WI Parent to Parent Program; 160 families received health education through Family Voices of WI (FVW)/Family to Family Health Information Network; and 1,861 families received individual information and assistance through the five Regional Centers for CYSHCN and their subcontracted agencies, which enhanced the capacity of parents to be decision makers, supported partners as leaders and offered parents an avenue to develop an informal network of support.

2. Coordination with Family Leadership and Support--Population-Based Services--CYSHCN

In 2009, the CYSHCN Program contracted with FVW to provide: a newsletter, which is distributed both electronically and hard copy, three times per year, and went out to 1,400 individuals; technical assistance to Regional Centers; policy updates and notifications of opportunities for involvement in a variety of issues, which went to about 500 individuals; and health benefits training targeting CYSHCN from under-represented populations. The outreach to underserved populations resulted in non-English speaking families receiving both Parent to Parent and Family Voices trainings and materials in Spanish.

3. Participation of Families on Advisory Committees to the MCH and CYSHCN Program--Infrastructure Building Services--CYSHCN

Parents continued to be utilized in a variety of advisory capacities including a listening session for parents at the annual Circles of Life Conference. At the 2009 Conference, FVW received feedback from parents on the questions: "What are your concerns in navigating systems of support around health care, community supports and education?" and "If you can think of things that would work better, what would they be?" FVW used information gathered from this listening session to inform its work as well as the State's MCH Program with policy makers to improve care and coverage for CYSHCN. Also, each Regional Center and FVW supported parents to be linked to councils at the local, regional and state levels. The staff at the Regional Centers, FVW and Parent to Parent all serve on a range of councils and committees to advance the performance measure to address families as partners in decision-making at all levels.

In 2008 the CYSHCN Program was awarded a MCHB-Combating Autism Act Initiative State Implementation grant. As part of this initiative, a Community of Practice on Autism Spectrum Disorders and other Developmental Disabilities continued to meet in 2009, with a parent of a young child with Autism Spectrum Disorder as Co-Chair of the Community of Practice. Participants in the Community of Practice include a number of parents and parent organizations, and a Practice Group on Parent Supports has been established. FVW, Parent to Parent, and the Regional Centers for CYSHCN are all members of the Community of Practice.

Wisconsin also had a family delegate on the AMCHP Family and Youth Leadership Committee in 2009. That person participates on the national AMCHP Committee as well. Preliminary work was done to involve more families in AMCHP.

4. Family Partnerships--Infrastructure Building Services--CYSHCN

In 2009, parents of CYSHCN were part of the staff of the State CYSHCN Program, all five Regional Centers, Parent to Parent and FVW, making parents integral to the ongoing decision-making, program implementation and evaluation. CYSHCN partners continue to meet as a Collaborators Network which communicates regularly to share resources, problem solve difficult issues and identify unmet needs in the state. A subgroup of the Network consists of staff providing information and referral services to families and this group holds monthly teleconferences and has a listserv to increase the level of communication. FVW tracks policies that impact families and was effective in bringing the needs of CYSHCN on waiting lists to the attention of policy makers resulting in new funding for long term care.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Family Support Services		X		
2. Coordination with Family Leadership and Support			X	
3. Participation of Families on Advisory Committees to the MCH and CYSHCN Program				X
4. Family Partnerships				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Family Support Services--Enabling Services--CYSHCN

In 2010 families receive parent matching, training, information and assistance.

2. Coordination with Family Leadership and Support--Population-Based Services--CYSHCN

In 2010 the CYSHCN Program contracts with FVW to provide: a newsletter 3 times per year; listserv; policy updates; and health benefits training for under-represented populations including Great Lakes Inter-Tribal Council's (GLITC) parents.

3. Participation of Families on Advisory Committees to the MCH and CYSHCN Program--Infrastructure Building Services--CYSHCN

Parents continue to be utilized in a variety of advisory capacities including: Parents on the Community of Practice for Autism Spectrum Disorders and other Developmental Disabilities; parents serving as advisors to Newborn Screening Program, Wisconsin Sound Beginnings, Birth Defects and Surveillance Program, and MCH Advisory Committee. FVW also works with each Regional Center to identify and strengthen parent leaders.

4. Family Partnerships--Infrastructure Building Services--CYSHCN

In 2010 parents continue to be part of staffing at all levels of the CYSHCN Program. The CYSHCN Collaborators Network met in April to share experiences and best practices, and plan ways to grow and improve existing collaborations and reach out to new partners. FVW tracks policies that impact families and is effective in bringing the needs of CYSHCN on waiting lists to the attention of policy makers.

c. Plan for the Coming Year

1. Family Support Services--Enabling Services--CYSHCN

In 2011, families will continue to be matched through the WI Parent to Parent Program, receive health education through FVW, and be offered information and assistance through the Regional Centers. Families will continue to be members of the Community of Practice on Autism Spectrum Disorders and other Developmental Disabilities and the Community of Practice on Transition. Both groups have family members in leadership roles and include practice groups on parent supports.

2. Coordination with Family Leadership and Support--Population-Based Services--CYSHCN

In 2011 the CYSHCN Program will continue to contract for the services provided by FVW and dovetail these activities with those of the Family to Family Health Information Network grant that FVW has through MCHB. The contractee will provide: a newsletter three times per year; health benefits training targeting CYSHCN from under-represented populations; data collection, analysis and dissemination of unmet needs; and assistance in Regional Center transition to adult health care trainings. The contractee will continue to build a parent network with these activities. Outreach to underserved populations will continue to target African American and Native American families through established cultural brokers. Parent to Parent will continue to work with the Southeast Regional Center and Alianza, an organization that works with Latino families of CYSHCN, to reach out to the Latino CYSHCN population in Southeastern WI. Non-English speaking families will be trained to be Parent to Parent support parents and efforts will be made to identify non-English speaking match parents.

3. Participation of Families on Advisory Committees to the MCH and CYSHCN Program--Infrastructure Building Services--CYSHCN

Parents will continue to be utilized in a variety of advisory capacities through Regional Centers and other partners and collaborators who support parents will be linked to a council or committee at a local, regional, or state level. The staff at the Regional Centers, Parent to Parent and other partner and collaborating agencies will continue to serve on a range of councils and committees to advance the performance measure on parents as decision makers.

4. Family Partnerships--Infrastructure Building Services--CYSHCN

In 2011, parents will continue to be part of the staffing at all levels of the CYSHCN Program. The CYSHCN Collaborators Network will meet annually in person and by phone so the CYSHCN system for building parents as partners can be coordinated across programs. The Information and Referral group will continue with regular contact so that staff understand the ever-changing health benefits system and can educate families about community resources and benefits eligibility. The new contractee for the Family Voices project will continue to track unmet needs in collaboration with CYSHCN partners so that family needs are articulated on a policy level.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	60.1	60.5	61	55	57
Annual Indicator	57.1	54.6	54.6	54.6	54.6
Numerator	98758	110432	110432	110432	110432
Denominator	173017	202257	202257	202257	202257
Data Source				SLAITS CSHCN.	SLAITS CSHCN.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	58	59	60	60	60

Notes - 2009
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

a. Last Year's Accomplishments
1. Medical Home Education and Training--Population-Based Services--CYSHCN

The Medical Home Toolkit was disseminated using a variety of methods, including face-to-face presentations at primary practice offices and at variety of meetings with different stakeholder groups.

The Program also included promotion of best practice, evidence-based developmental screening within context of a medical home. In partnership with Regional Centers and the UW-Waisman Center, 14 primary care providers were recruited in 2008 and then were trained in 2009 to spread implementation of Ages and Stages Questionnaire developmental screening tool.

2. Medical Home Outreach--Population-Based Services--CYSHCN

As part of Spread, dissemination of concepts of Medical Home continued to be integrated in Wisconsin Sound Beginnings (Early Hearing Detection and Intervention) and Congenital Disorders (blood spot newborn screenings) Programs. Medical Home Local Capacity Building

grants, administered by each CYSHCN Regional Center, were in the final year of their second cycle. We created and issued a RFP to fund local communities to support local implementation of medical home. These ten local capacity grants targeted underserved populations such as racial and ethnic populations and rural areas. The Medical Home Toolkit website, http://wimedicalhometoolkit.aap.org/toolkit/index.cfm, continues to be well-utilized by its intended target audience.

3. Medical Home and Community Supports--Infrastructure Building Services--CYSHCN

CYSHCN Regional Centers continued to develop relationships with individual providers in their region to assist with community connections, information and referrals. The State CYSHCN Program continued its collaborative efforts with Division of Health Care Access and Accountability. A Medical Home Practice Group continued in conjunction with Community of Practice on Autism Spectrum Disorders and other Developmental Disabilities.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Medical Home Education and Training			X	
2. Medical Home Outreach			X	
3. Medical Home and Community Supports				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Medical Home Education and Training--Population-Based Services--CYSHCN

The CYSHCN Program continues to update and improve its Medical Home Toolkit as needed. FVW and Regional Centers for CYSHCN continue to integrate Medical Home concepts and strategies into their information-sharing and training.

2. Medical Home Outreach--Population-Based Services--CYSHCN

Medical Home Care Coordination mini-grants, administered by the Southern Regional Center, have been awarded to six grantees. Medical Home spread activities continue to dovetail with other CYSHCN initiatives to maximize spread.

3. Medical Home and Community Supports--Infrastructure Building Services--CYSHCN

Physicians recruited in 2008 were trained in 2009 to train other physicians in implementation of the ASQ developmental screening tool in context of medical home. These trained physicians can now train others across the state. The trainings are in partnership with the Regional Centers and local Birth-3 Programs. The Regional Centers also continue to reach out to new providers in their regions, led and coordinated by the Northeastern Regional Center, to assist with community connections, information and referrals. The CYSHCN Program partners with the Medical Home Learning Collaborative so that lessons learned and products developed are shared with partners and included in the Toolkit.

c. Plan for the Coming Year

1. Medical Home Education and Training--Enabling Services--CYSHCN

The CYSHCN Program will maintain and update its Medical Home Toolkit as needed. The State CYSHCN Program will continue to work with Wisconsin Academy of Family Physicians and Wisconsin Chapter of the American Academy of Pediatrics to promote the concept of medical home for CYSHCN and foster its growth and spread in communities across the state. Staff will maintain connections to a variety of medical home activities around the state to continue to keep the needs of CYSHCN as a focus, and will work to influence stakeholder groups as Wisconsin continues to move toward patient-centered medical home implementation. We will work to maintain our presence and influence regarding CYSHCN and medical home.

2. Medical Home Outreach--Population-Based Services--CYSHCN

The State CYSHCN Program will be pursuing a mini-grant process for one year of funding. Local grants will enable primary care practices to implement one or more quality improvement strategies in an individual practice, resulting in measurable outcomes for children and youth with special health care needs and their families. A dedicated staff person assigned to strengthening Wisconsin's Medical Home Initiative will promote a coordinated, comprehensive approach to Medial Home spread. These mini-grants will continue and build on our efforts to support practice-based developmental screening and other medical home implementation strategies for CYSHCN. These will continue to function as a partnership between the State program and our Regional Centers for CYSHCN. Dollars will also be earmarked to continue our support of community and family involvement in the Latino community in SE Wisconsin.

3. Medical Home and Community Supports--Infrastructure Building Services--CYSHCN

The State CYSHCN Program and its contracted agencies will continue to promote Medical Home spread and offer technical assistance supports through work with key partners on the local, regional and state levels. Promotion will include targeting children's hospitals and pediatric units within hospitals; primary care practices; local health departments; state and community partners; and parents of CYSHCN. Regional Centers will reach out to new providers in their regions to assist with community connections, information and referrals. The CYSHCN Program will partner with the Medical Home Learning Collaborative so that lessons learned and products are shared with partners and included in the Toolkit.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	68.6	69	69.5	64	65
Annual Indicator	66.6	63.0	63.0	63.0	63.0
Numerator	117664	127442	127442	127442	127442
Denominator	176641	202257	202257	202257	202257
Data Source				SLAITS CSHCN.	SLAITS CSHCN.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over					

the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	66	67	68	68	68

Notes - 2009
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

a. Last Year's Accomplishments
1. Health Benefits Services--Enabling--CYSHCN

The Regional Center network continued health benefits training via webcasts which are archived and available for viewing. The Regional Centers and Family Voices of Wisconsin (FVW) have joined ABC for Health's HealthWatch group. Parent trainers of FVW continued to offer families training regarding health insurance and community supports.

2. Access to Health Insurance--Infrastructure Building Services--CYSHCN

The Regional Centers continued assisting families to secure health insurance through information, referral and follow-up.

3. Access to Dental Care Services--Infrastructure Building Services--CYSHCN

The Oral Health Program continued to provide technical assistance and guidance to CHAW to administrator a HRSA grant that provides didactic and clinical training to dental health professionals to increase knowledge and skills in the treatment of CYSHCN. During 2009, there were 3 trainings with 65 oral health professionals attending. The grant supports 6 regional CYSHCN oral health consultants.

4. Mental Health Services for CYSHCN--Infrastructure Building Services--CYSHCN

The Infant Mental Health Leadership Team (IMHLT) 2010 annual report was completed to address the Governor's Kids First Initiative supporting Infant and Early Childhood Care with a focus on the DC: 0-3R is incorporated into the Long Term Functional Screen.

The IMHLT and the Children's Mental Health Committee of the Wisconsin Council on Mental Health continue to address mental health screening in primary care and the shortage of child and adolescent psychiatrists. Wisconsin was 1 of 35 states with less than the national average of psychiatrists for its youth population - 8.2 per 100,000 with optimum care of 14.38 per 100,000.

5. Autism Insurance Coverage--Enabling Services--CYSHCN

Wisconsin's budget included a mandate for disability insurance polices and self-insured health plans cover certain services for anyone with an autism spectrum disorder. This includes coverage for intensive in-home treatment (currently funded by CLTC waivers) as well as other autism-related services. The mandate became effective in November 2009 with the provision that insurers would implement the coverage as polices are renewed (http://oci.wi.gov/rules/0336em09.pdf).

6. Health Insurance Coverage for young adults up to age 27--Enabling Services--CYSHCN

Wisconsin's budget included the expansion of health insurance coverage for young adults over 17 but less than 27; not married; and not eligible for health coverage through their employer or whose premium is greater than the amount the parent is required to pay to add the young adult to the plan. The statute went into effect for policies issued or renewed beginning on January 1, 2010 (http://oci.wi.gov/rules/0334em09.pdf).

7. Health Insurance Coverage for Cochlear Implants--Enabling Services--CYSHCN

Through Act 14 S.B. 27/A.B 16, Wisconsin became one of the first states to require insurance companies to cover the cost of cochlear implants for children 18 years old or younger. The law covers hearing aids, related professional services and aural rehabilitation.

8. Children's Long-Term Support Home and Community-Based Medicaid Waivers--Direct Health Care Services--CYSHCN

In 2009, the Bureau of Long Term Support reported that 848 children were waiting for intensive in-home autism services and 1,377 children transitioned from intensive services to on-going services. Overall, 4,209 children received direct services with the following disabilities as eligibility: developmental disabilities, 2,775; physical disabilities, 297; and severe emotional disturbances, 1,137. There were: 1,210 children receiving services through locally matched waivers; 50 children in pilot slots; 95 children in crisis slots; and 629 children in special state-funded slots. There were a total of 4,209 children receiving service through the CLTS Waivers.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Health Benefits Services		X		
2. Access to Health Insurance				X
3. Access to Dental Care Services				X
4. Mental Health Services for CYSHCN				X
5. Autism Insurance Coverage		X		
6. Health Insurance Coverage for Young Adults to age 27		X		
7. Health Insurance Coverage for Cochlear Implants, related services and rehabilitation services		X		
8. Children's Long-Term Support Home and Community-Based Medicaid Waivers	X			
9.				
10.				

b. Current Activities

1. Health Benefits Services--Enabling--CYSHCN

We continue to partner with ABC for Health and ABC for Rural Health.

2. Access to Health Insurance--Infrastructure Building--CYSHCN

The Medicaid Purchase Plan (MAPP) offers people with disabilities who are working or interested in working the opportunity to buy health care coverage through the Wisconsin Medicaid Program. Depending on an individual's income, a premium payment may be required for this health care coverage.

Under MAPP, participants:
• receive the same health benefits offered through the Medicaid (MA) Program;
• may earn more income, than another group of Medicaid (MA) recipients, without the risk of losing health care coverage; and
• are allowed increased personal and financial independence through saving opportunities, known as Independence Accounts.

3. Access to Dental Care Services--Infrastructure Building Services--CYSHCN

DHS continues to provide technical assistance and guidance to CHAW. In 2010 there have been five didactic and one clinical training held for 139 oral health professionals, targeting treatment concerns related to CYSHCN. Training evaluations show marked increase in knowledge, skills and comfort level treating CYSHCN.

c. Plan for the Coming Year

1. Health Benefits Services--Enabling--CYSHCN

We plan to continue to partner with ABC for Health and participate in HealthWatch.

2. Access to Health Insurance--Infrastructure Building--CYSHCN

The Regional Centers will continue as one of their core services in assisting families to secure health insurance through information, referral and follow-up and health benefits counseling as appropriate, and provide training and technical assistance to the CYSHCN Collaborators Network partners on health access and coverage issues including the Health Competency Self Assessment relevant to children and youth with special needs. In addition they will help to monitor the progress of national health care reform as it pertains to the CYSHCN program and they will integrate activities with the Bright Futures Initiative statewide by provide training and technical assistance to support community level collaborations that address children and youth with special health care needs.

Through the Nourishing Special Needs WIC/CYSHCN Network, we will continue to problem-solve access to nutritional services for CYSHCN.

3. Access to Dental Care Services--Infrastructure Building Services--CYSHCN

The Department will continue to provide CHAW with technical assistance and guidance related to grant activities to increase the knowledge and skills of dental health providers in the treatment of CYSHCN. There are plans for at least 5 training sessions in various regions across the state. We will be specifically targeting CHC's and FQHC's for program attendance and on-site, ongoing technical support.

4. Access to Mental Health Services for CYSHCN--Infrastructure Building Services--CYSHCN

The following goals will continue to be addressed through the Children's Mental Health Committee. Expand collaborative systems of care (i.e., wraparound), with a goal of children's wraparound systems in each of Wisconsin's 72 counties within 6 years. Create financial incentives to increase family advocacy and support for counties with a Coordinated Services Team (CST) initiative. Increase mental health early intervention activities directed toward

children and youth. Increase children's mental health training and available consultation for teachers and preschool/daycare providers. Take steps to increase the availability of qualified mental health providers throughout Wisconsin, particularly in underserved areas.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	83.7	84	84.5	91	91
Annual Indicator	80.7	90.0	90.0	90.0	90.0
Numerator	57768	182031	182031	182031	182031
Denominator	71620	202257	202257	202257	202257
Data Source				SLAITS CSHCN.	SLAITS CSHCN.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	92	92	93	93	93

Notes - 2009
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

a. Last Year's Accomplishments
1. Access to Individual/Household Services--Enabling Services--CYSHCN

Individuals, families, and providers who contact the 5 CYSHCN Regional Centers and their subcontracted agencies received direct assistance, referrals to other professionals, or other interventions by Center and local staff. In 2009, according to data entered in SPHERE, there were 4,993 CYSHCN-funded contacts and services provided, with 2,131 individual/household

interventions and 2,862 brief contacts. "Brief contacts" include consultations that are face-to-face, on the telephone, and/or in writing.

2. Community Based Services--Population-Based Services--CYSHCN

Partnerships at the local, regional and state levels were advanced through co-sponsored events, established cross-referral plans and collaborative efforts to serve identified target populations. The CYSHCN Program and its Regional Centers have delineated key committees and conferences where CYSHCN representation is critical and an outreach plan specifies responsibilities over the state.

3. Planning and Implementing Community Based Projects--Infrastructure Building Services--CYSHCN

There is an established Collaborators Network, and the CYSHCN Program continues to work collaboratively with many partners to assure that CYSHCN are identified early, receive coordinated care, and that their families have access to the supports they need. These collaborative partnerships include: Parent to Parent; Family Voices of WI; Great Lakes Inter-Tribal Council; ABC for Health and ABC for Rural Health; First Step; Wisconsin Chapters of the AAP and WAFP; Early Intervention ICC; Wisconsin Early Childhood Collaborating Partners; Department of Public Instruction's Wisconsin Statewide Parent-Educator Initiative; the Parent Training and Information Center - WI FACETS; statewide Wisconsin Asthma Coalition; Wisconsin Infant Mental Health Association; and the Circles of Life Planning Conference.

Working in partnership with other funding sources, the state CYSHCN Program has established a network of 9 WIC nutritionists who work with the Regional Centers to improve nutritional services for CYSHCN. They meet regularly and are also part of the Collaborators Network. These 9 are mentoring others so that by 2010 there will be 17 WIC sites that are part of the Network.

Wisconsin was awarded a MCH Targeted Oral Health Service Systems Grant entitled "Wisconsin Community-based System of Oral Health for CYSHCN." This four-year grant is administered through the Children's Health Alliance of Wisconsin. They are part of our Collaborators Network and did trainings for providers regarding oral health and CYSHCN around the state.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Access to Individual/Household Services		X		
2. Community Based and System Based Services			X	
3. Planning and Implementing Community Based Projects				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Access to Individual/Household Services--Enabling Services--CYSHCN

In 2010, the 5 Regional Centers and their delegate agencies continue to provide information and assistance to families and providers. LHDs continue to have the option of providing these services at a local level. Families are linked to trainings and parent support opportunities to meet

their needs.

2. Community Based and System Based Services--Population-Based Services--CYSHCN

The Southern Regional Center for CYSHCN is administering 6 Medical Home mini-grants allowing communities to build upon assets and develop local systems of care for CYSHCN.

3. Planning and Implementing Community Based Projects--Infrastructure Building Services--CYSHCN

The Regional Centers meet with the regional oral health consultants from the Wisconsin Community-based System of Oral Health for CYSHCN. Centers also continue to access their WIC-nutrition regional consultants who also are working with their LHDs.

Regional Centers continue to respond to local requests for training, outreach and assistance. The Collaborators Network continues to share resources, problem-solve, and cross-refer.

c. Plan for the Coming Year

1. Access to Case Management, Consultation and Referral and Follow-up Services--Direct Health Care Services--CYSHCN

In 2011, the 5 Regional Centers for CYSHCN and their delegate agencies will continue to provide information and assistance to families and providers. Families will be linked to trainings and parent support opportunities to meet their needs. The LHDs will have the option to choose serving CYSHCN through MCH Consolidated Contracting.

CYSHCN staff will begin planning for the next five-year cycle based on outcomes from a MCH needs assessment that is occurred in 2009. We will do this in collaboration with our partners and members of our Collaborators Network.

2. Community Based and System Based Services--Population-Based Services--CYSHCN

Regional Centers will continue to be involved in building local medical home capacity across the state by working closely with the recipient of the Medical Home Mini-Grant. The Regional Centers will attend trainings and introduce the Center as a resource; assist with provider recruitment; provide community-related resource information to practice sites within their region; coordinate these and other Medical Home activities with partners; and assist with practice site follow up.

3. Planning and Implementing Community Based Projects--Infrastructure Building Services--CYSHCN

In partnership with other funding sources, the CYSHCN Program will plan and implement the following projects in 2011: continue to implement the Regional Center for CYSHCN model; and provide technical assistance to recipients of local community capacity grants to monitor, evaluate and support the objectives of the grant. The Collaborators Network will continue to share resources, problem-solve, and cross-refer.

The CYSHCN Program will continue to work to increase our program's visibility, focus more attention on early identification and screening and broaden the stakeholder group that meets regularly. We will continue to market our program and our collaborators as a network through common marketing themes and the use of common design elements in our materials.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	7.8	8	7	50	52
Annual Indicator	5.8	44.5	44.5	44.5	44.5
Numerator	64727	90004	90004	90004	90004
Denominator	1116374	202257	202257	202257	202257
Data Source				SLAITS CSHCN.	SLAITS CSHCN.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	54	55	56	56	56

Notes - 2009
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

Notes - 2008
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

Notes - 2007
Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

a. Last Year's Accomplishments
1. State Partnership Building--Infrastructure Building Services--CYSHCN

The CYSHCN Program continued to support the Community of Practice on Transition (CoT) in collaboration with Department of Public Instruction. This collaborative group has representatives from over 40 state programs and community partners with transition-related interests. The state

CYSHCN Program continued as part of the core leadership team for the CoT. The Regional Centers for CYSHCN continued to support transition activities at the local and regional level through their involvement in the CoT, with practice teams on CYSHCN-specific areas. In February 2009, the CYSHCN Program sponsored an annual CoT meeting with a focus on health. The Health Care Checklist was finalized, printed and disseminated to key stakeholders, including posting it on the WI Medical Home Toolkit and sharedwork.org websites.

2. Outreach and Training--Training Infrastructure Building Services and Outreach Population-Based Services--CYSHCN

The Transition to Adult Health Care curriculum was printed and disseminated to further prepare YSHCN, their families and providers for the move from pediatrics to adult health care. The Regional Centers for CYSHCN and Family Voices parent trainers received a train-the-trainer session on the revised Health Care Transition curriculum. Following this training, there will be opportunities for youth, parents, and providers to attend trainings and receive targeted support in a clinical or one-to-one setting in all five DPH regions.

3. Access to Transition Information--Enabling Services--CYSHCN

The CYSHCN Program disseminated quality information to families and providers using web-based, hard copy, oral and face-to-face approaches. Through the Community of Practice, the Regional Centers have developed key partnerships and extensive knowledge of the Wisconsin and national resources on transition which has enhanced the Centers ability to either answer the parents question, problem solve solutions and/or refer families to the appropriate entity. Booklets on health-related transition topics were disseminated at conferences, the Community of Practice on Transition, youth and parent trainings. These materials were posted on the Waisman Center's website and were available for easy download. Regional Centers answer calls directly answer questions about transition, as well as responding to parents on-site who walk-in and ask questions.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. State Partnership Building				X
2. Training (IB) and Outreach (PBS)			X	X
3. Access to Transition Information		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. State Partnership Building--Infrastructure Building Services--CYSHCN

The CYSHCN Program continues to share leadership for the Community of Practice on Transition with staff attending the National Community meeting in May 2010. The CYSHCN Program's Statewide Implementation Grant for Autism Spectrum Disorders (ASD) created a Community of Practice on ASD and other developmental disabilities (DD). Plans are under way to have a combined Community of Practice (Transition and ASD/DD) in October 2010. The CYSHCN Program utilizes www.sharedwork.org and a State Implementation grant electronic repository to catalogue information and resources for this Community work. This site includes a health care

transition webcast with a parent and young adult presenting. The Regional CYSHCN Centers continue to support transition activities at the local and regional level through their involvement in the CoT, with practice teams on CYSHCN-specific areas.

2. Outreach and Training--Training Infrastructure Building Services and Outreach Population-Based Services--CYSHCN

The CYSHCN Transition to Adult Health Care materials, promoting the move from pediatrics to adult health care, went into a second printing and is being disseminated to key stakeholders, including sessions at the annual statewide transition, rehabilitation and Circles of Life conferences for professionals and parents, and through the Family to Family Health Information Center.

c. Plan for the Coming Year

1. State Partnership Building--Infrastructure Building Services--CYSHCN

In 2011 there will be a new approach to this work, though much of the work will continue as previously described. The CYSHCN Collaborators Network comprised of Wisconsin CYSHCN-funded entities including the five Regional Centers, Family to Family Health Information Center, Family Voices, Parent to Parent, will all be involved in disseminating information and resources to families, youth and providers. Through a competitive process, a contract will be awarded to provide statewide leadership to the state around transition. The grantee will take a leadership role in the Community of Practice on Transition, its facilitator team and the Practice Group on Health and work closely with the Collaborators Network. The statewide work will establish a hub of expertise, keeping current and disseminating national information to Wisconsin stakeholders. This model follows the national MCH model of having one training and technical assistance center for each NPO.

2. Outreach and Training--Training Infrastructure Building Services and Outreach Population-Based Services--CYSHCN

The grantee for statewide transition work will collaborate with all five Regional Centers, be integrated into the CYSHCN Collaborators Network, and providing training and technical assistance to youth, parents, health care providers, community providers and educators. The work will include the continued use and dissemination of the five transition materials that the CYSHCN Program developed in 2009 and 2010 including the following: Transition to Adult Health Care: A Training Guide, My Pocket Guide, The Health Care Checklist, The Youth Workbook, Health and the IEP CD (http://www.waisman.wisc.edu/wrc/pub.html). These materials and content will be disseminated at the three primary transition-related state conferences (transition, rehabilitation and Circles of Life). The Pocket Guide will be translated into Spanish and Hmong. Plans will be developed for spreading the Children's Hospital of Wisconsin on-line transition curriculum for health care providers to other hospitals.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	83.5	83.2	83.4	83.5	83.6
Annual Indicator	83.0	82.3	79.3	79.3	83.6
Numerator	730	724	349	349	368
Denominator	880	880	440	440	440

Data Source				CDC Nat Imm Surv 2009.	CDC Nat Imm Surv 2010.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	83.7	83.7	83.7	83.7	83.8

Notes - 2009
The source of these data is the National Immunization Survey of a random sample of Wisconsin chil.dren who were born between January 2005 and June 2007.

Notes - 2008
The data entered for 2008 are from the National Immunization Survey for CY 2007. For Wisconsin children 19-35 months of age who had received 4 DTaP, 3 polio,1 MMR,3 Heb b and 3 Hib vaccine doses, the estimate was 79.4% with confidence intervals plus or minus 6.4%. Although the 2007 survey's immunization rate estimate for Wisconsin is slightly lower than the 2006 estimate, the difference is not statistically significant. Also, in prior survey years, large urban areas in 15 states (inc. Wisconsin) were over-sampled. When this aspect of the sampling methodology was discontinued in 2007, 14 of these states (inc. Wisconsin) experienced lower rate estimates. While the precise effect of the methodological change is unknown, overall study results suggest a potentially negative impact.

Notes - 2007
The 2007 data from the National Immunization Survey show that Wisconsin's immunization estimated coverage rates for 4 DTaP, 3 Polio, 1 MMR, 3 Hep b, and 3 hib among kids 19-35 months of age rose from 83.0% in 2005 to 86.8% in 2006. This increase may be due to acceptance and use of the Wisconsin Immunization Registry (WIR).

a. Last Year's Accomplishments
1. Providing, Monitoring and Assuring Immunizations--Direct Health Care Services--Children, including CYSHCN

The estimated coverage among Wisconsin children 19-35 months of age for 2008 with 4 DTaP, 3 polio, 1 MMR, 3 Hep B and 3 Hib (4:3:1:3:3) doses is 83.6%. The source of this data is from the National Immunization Survey of a random sample of Wisconsin children who were born between January 2005 and June 2007. Data from 2009 is not yet available and will be impacted as there was a national Hib vaccine shortage through 2008 and CDC recommended deferring the last dose.

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CYSHCN

The State Immunization Program continued to partner with the Title V MCH/CYSHCN Program, LHDs, the WIC Program, the Medicaid Program, tribes, and CHCs. The WIR supports and maintain WIC sites as registry program participants.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program--Infrastructure Building Services--Pregnant women, mothers, infants and children,

including CYSHCN

National and international circumstances that result in subsequent policy changes or clinical practices are tracked by the State Immunization Program. Information updates were shared by the state Immunization Program with key partners as indicated via email and at spring communicable disease seminars held in each of the five DPH regions.

4. Quality improvement of Vaccines for Children program--Infrastructure Building Services--Children, including CYSHCN

QI efforts for providers in 2009 occur through site visits by Immunization Program personnel to 25% of all VFC sites in Wisconsin. One of the topics of continued interest is provider participation with the WIR and the appropriate use of the reminder/recall function. The performance based contract template objective for local health departments is to raise immunization levels of all preschool children within their service areas. The CDC goal is 90% series complete (4 DTaP, 3 Polio, 1 MMR, 3 Hepatitis B, 3 Hib and 1 varicella) by 24 months of age. The Wisconsin Immunization Registry (WIR) benchmark reports are used to measure this objective.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Providing, Monitoring, and Assuring Immunizations	X			
2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)				X
3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program				X
4. Quality Improvement of Vaccines for Children Program				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Providing, Monitoring and Assuring Immunizations--Direct Health Care Services--Children, including CYSHCN

Title V staff continue to support LHDs primary prevention activities that include immunization monitoring, and support compliance with State Immunization Program fund requirements.

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CYSHCN

State Immunization Program will continue to partner with Title V MCH/CYSHCN Program, LHDs, WIC Program, Medicaid Program, tribes, and CHCs.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CYSHCN

National and international circumstances that result in recommended changes in the immunization schedule continue to be tracked by the State Immunization Program during 2010

with policy sharing occuring as appropriate.

4. Quality improvement of Vaccines for Children Program--Infrastructure Building Services--Children, including CYSHCN

During 2010, quality improvement efforts for providers occur with site visits by staff in the State Immunization Program.

c. Plan for the Coming Year

1. Providing, Monitoring and Assuring Immunizations--Direct Health Care Services--Children, including CYSHCN

Title V MCH Program staff will continue to support LHDs' primary prevention activities that include immunization monitoring and support compliance with State Immunization Program funding requirements. Data required enabling MCH to monitor and report this measure will continue to be provided by the state Immunization Program.

2. Coordination with WIC and the State Immunization Programs and Enrollment in the Wisconsin Immunization Registry (WIR)--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CYSHCN

State Immunization Program will continue to partner with Title V MCH/CYSHCN Program, LHDs, WIC Program, Medicaid Program, tribes, and CHCs.

3. Tracking and Sharing Policy Changes or Clinical Practices by the State Immunization Program--Infrastructure Building Services--Pregnant women, mothers, infants and children, including CYSHCN

National and international circumstances that result in recommended changes in the immunization schedule will continue to be tracked by the State Immunization Program during 2010 with policy sharing occuring as appropriate.

4. Quality improvement of Vaccines for Children Program--Infrastructure Building Services--Children, including CYSHCN

During 2011 quality improvement efforts for providers will be maintained through site visits by staff in the State Immunization Program.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	15.1	14.8	14.7	14.9	16.1
Annual Indicator	14.9	15.6	16.0	15.4	15.4
Numerator	1776	1840	1874	1783	1783
Denominator	119124	118012	117042	115440	115440
Data Source				WI DHS/OHI 2009.	WI DHS/OHI 2010.
Check this box if you cannot report the numerator because					

1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	16.1	15.9	15.9	15.8	15.6

Notes - 2009
Data issue: Data for 2009 will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Data notes: There were 76 births to teens <15 years in 2009. Source: Office of Health Informatics, Division of Public Health, Wisconsin Department of Health and Family Services. Source: Wisconsin Dept. of Health Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish, Birth Counts and Population Modules, accessed 03/07/10.

Notes - 2007
Data notes: There were 80 births to teen <15 years in Wisconsin in 2007. Source: Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH), http://dhfs.wisconsin.gov/wish/, Birth Counts Module, accessed 04/7/2009. Denominator: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH), http://dhfs.wisconsin.gov/wish, Population Module, accessed 03/21/2009.

a. Last Year's Accomplishments
1. Milwaukee Adolescent Pregnancy Prevention Partnership (MAPPP)--Enabling Services--Adolescents

In 2009, the Milwaukee Adolescent Pregnancy Prevention Partnership (MAPPP) Initiative completed its third grant year signed up over 400 clients to the Family Planning Waiver. This initiative increased public information directed to sexually active youth to increase awareness about resources in the community to reduce the risk of unintended pregnancy and STDs. Referral-related communication was enhanced to assist clients to make connections with appropriate health resources. Progress has been seen, reflected in the performance measurement, however further reductions in adolescent pregnancy must be a priority, including Milwaukee which has one of the highest rates of adolescent pregnancy.

2. Dual Protection Initiative--Population-Based Services--Adolescents

The DHS Dual Protection Initiative continued in collaboration with the City of Milwaukee Health Department's STD clinic. Clients presenting to the STD clinics were provided the opportunity to enroll in the FPW, receive dual protection supplies, and receive a referral to a community-based clinic for ongoing reproductive/sexual health care.

3. Coalition--Population-Based Services--Adolescents

DHS established a new collaborative group called Adolescent Sexual Health Coalition of Milwaukee (ASHCOM) that includes all the key teen pregnancy prevention coalition leaders. This was initiated to coordinate adolescent pregnancy prevention activities of stakeholder groups.

Increased coordination, and consistent messages and intervention activities are required to reduce adolescent pregnancy.

4. State Health Plan--Infrastructure Building Services--Adolescents

Key stakeholders were involved with the planning for Wisconsin's 2020 state health plan: Healthiest Wisconsin 2020. Reproductive/Sexual Health was one of the priority areas. Recommendations by this group will provide the framework for future reproductive/sexual health priorities, plans, and activities. These recommendations will be presented to the DHS Secretary for consideration in 2010. Recommendations included the need to articulate new norms of behavior related to reproductive/sexual health, similar to the norms recommended in the Institute of Medicine's report, "Best of Intentions". Sexual activity without consideration of the pregnancy (and STD/HIV) consequences must be addressed as a central issue. Along with this renewed emphasis, access to information and services and supplies must be increased. Increased attention to patient responsive services and disparities must occur. These elements are essential parts of a reproductive justice approach to improved outcomes, including reduction of adolescent pregnancy.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Milwaukee Adolescent Pregnancy Prevention Partnership (MAPPP)		X		
2. Dual Protection Initiative			X	
3. Coalition			X	
4. State Health Plan				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Milwaukee Adolescent Pregnancy Prevention Partnership (MAPPP)--Enabling Services--Adolescents

The MAPPP group in Milwaukee is working to improve referral-related communications and support to successfully connect youth with appropriate health services. A primary goal is to connect youth to "medical (health care) homes" for ongoing reproductive/sexual health and other primary/preventive care.

2. Coalition--Population-Based Services--Adolescents

The Adolescent Sexual Health Coalition is establishing goals and meeting bimonthly.

3. State Health Plan--Infrastructure Building Services--Adolescents

Objectives and measures for HW2020 were identified for the focus area of reproductive/sexual health. Major themes include the focus on reproductive justice and establishing new social norms for reproductive/sexual health behavior, similar to those recommended in the Institute of Medicine's report "Best of Intentions". Access to evidence-based information (for informed decisions) and services is a cornerstone of reproductive justice.

4. Family Planning Waiver--Infrastructure Building Services--Adolescents

Coverage under the FPW was expanded to include males. Launching these new services and promoting dual protection as a standard of care will be a major focus in 2010.

5. Data--Infrastructure Building Services--Adolescents

The Division of Public Health is completing a YRBS-LGBT disparity report for the DHS Secretary.

c. Plan for the Coming Year

1. Milwaukee Adolescent Pregnancy Prevention Partnership (MAPPP) --Enabling Services--Adolescents

Outreach to males through the Milwaukee Adolescent Pregnancy Prevention Partnership will be a major focus of activities in 2011 promoting Wisconsin's expanded coverage to males under the Family Planning Waiver (FPW). Community engagement (including public information), actively managed referrals among community-based clinics, and patient responsive services will be among the highest priorities.

2. Dual Protection Initiative--Population-Based Services--Adolescents

Dual protection (the simultaneous intervention to reduce the risk of unintended pregnancy and STD) will continue to be a priority standard of practice and strategy. Standardized messages and services/supplies will be aggressively promoted to health care providers. A model of this dual protection intervention will continue to be collaboration through the Milwaukee Dual Protection Partnership Initiative. Collaboration will increase between the Milwaukee Health Department's STD clinic and community-based clinics to provide access to FPW enrollment, immediate dual protection supplies and services, and actively managed referrals for a reproductive/sexual health care home for continuing preventive care.

3. Coalition--Population-Based Services--Adolescents

"Adolescent Sexual Health" will be promoted as the new focus for the Milwaukee ASHCOM and Teen Pregnancy Prevention Oversight Committee activities. Improved coordination and collaboration among community stakeholders will be a renewed priority. Implementation of the Healthiest Wisconsin 2020 new reproductive health goals will provide the framework for activities in 2011 and beyond.

4. Family Planning/Reproductive Health Services--Direct Health Care--Adolescent

2011 begins a new 5 year grant cycle for the Wisconsin MCH-Family Planning and Reproductive/Sexual Health Program. Priorities will include increased access (and patient convenience) to services and supplies, improved patient messaging in core knowledge areas, and increased patient responsive services. Priority practice areas, key standards of practice (including dual protection), and new personnel requirements will be promoted. Quality assurance in these areas will be a major emphasis in 2011 (through 2015). Establishing sexually active youth with a reproductive/sexual health care home (for on-going care) will be one of the foundation principal in system development.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	50	50	50	50	51
Annual Indicator	47.0	47.0	47.0	50.8	50.8
Numerator	34134	34134	34134	35806	35806
Denominator	72626	72626	72626	70484	70484
Data Source				WI DHS/DPH 2009.	WI DHS/DPH 2010.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	51	52	52	53	54

Notes - 2009
Data issue: Numerator and denominator are weighted estimates from the Wisconsin Division of Public Health "Make Your Smile Count, The Oral Health of Wisconsin's Children" survey of third grade children, 2007-08. The unweighted data are: 2,212 and 4,353.

Notes - 2008
Data issue: Numerator and denominator are weighted estimates from the Wisconsin Division of Public Health "Make Your Smile Count, The Oral Health of Wisconsin's Children" survey of third grade children, 2007-08. The unweighted data are: 2,212 and 4,353.

Notes - 2007
Source: Numerator: calculated by taking 2001's indicator, the Wisconsin Division of Public Health"Make Your Smile Count" survey of third grade children, 2001-2002. Denominator: the number of third grade children enrolled in public and private schools. We are currently conducting another third grade survey, therefore, for next year we will have updated information/data.

a. Last Year's Accomplishments
1. Healthy Smiles for Wisconsin Seal-A-Smile Sealant Program--Direct Heath Care Services--Children

The Wisconsin Seal-A-Smile (SAS) statewide school-based, school-linked dental sealant program initially provided grant funding to 20 local health departments and community-based agencies. Through a Health Resources and Services Administration grant award of $325,000/yr for three years with private sector matching funds of $214,000 for the same three years the program has experienced significant growth. In addition to the originally funded projects an additional 6 new projects are either already operating or are in the development phase. In 2008/09 school year, the 20 Seal-A-Smile projects held 176 events, screened 9,777 children and provided 16,118 dental sealants to 6,266 children. The Seal-A-Smile program average for sealant placement per child was $7.04, however the cost per cavity averted, according to the Centers for Disease Control and Prevention health economists is $45.95. The Oral Health Program continued to contract with the Children's Health Alliance of Wisconsin to administer and monitor the Seal-A-Smile program. Through a Centers for Disease Control and Prevention Cooperative Agreement the Oral Health Program in late 2009 was able to hire a dedicated Dental

Sealant Coordinator. The Coordinator works in collaboration with the Alliance to administer and monitor the SAS program. In addition the Coordinator provides technical assistance in program development to local public health departments, agencies and individuals interested in establishing a SAS program in their communities. The HRSA and Delta Dental funding will target areas of the state with the highest need and little to no current programming. The goal is to be able to provide school-based, school-linked dental sealant programs in each of the 717 schools in the state with federal Free and Reduced Lunch Program participation rates of 35% or greater. In 2008-09 SAS grantees were operating efficient programs in 60 schools meeting the criteria. With additional staff and funding Wisconsin is well positioned to meet our SAS program goals.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support--Infrastructure Building Services--Children including CYSHCN

In 2008 the Wisconsin Oral Health Program was the recipient of a CDC Cooperative Agreement award. The award is designed to increase capacity and build infrastructure to ensure Wisconsin has an adequate oral health workforce to successfully address statewide needs. The award allows for the creation of a Dental Sealant Coordinator position to enhance and expand the program. We successfully recruited and hired a dedicated Dental Sealant Coordinator in late 2009. The Oral Health Program is now at full capacity and positioned to meet the growing needs of our state.

3. Technical Assistance--Enabling Services--Children, including CYSHCN

Technical assistance was provided to the 26 statewide grantees in collaboration with the Children's Health Alliance, Oral Health Program Manager. The Oral Health Program Dental Sealant Coordinator provides ongoing project specific technical assistance and outreach to potential expansion grantees. The State Chief Dental Officer and the State Public Health Dental Hygienist assist in monitoring grantee contracts, review of grantee proposals and provide technical support as needed.

4. Oral Health Surveillance--Population Based Services--Children, including CYSHCN

In 2008 the Wisconsin Division of Public Health Oral Health Program conducted its second "Make Your Smile Count Survey" oral health assessment of third grade students. The total sample of children evaluated was 4,355. The survey data revealed that 50.8% of Wisconsin third grade students had evidence of dental sealants on at least one permanent tooth, exceeding the Healthy People 2010 objective for sealants. It is the intention of the Oral Health Program to continue to exceed national objectives related to dental sealants, monitor progress and evaluate program effectiveness.

In 2009, the Oral Health Program completed the second statewide "Healthy Teeth for a Healthy Head Start" oral health assessment of Head Start children.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Wisconsin Seal-A-Smile Program	X			
2. Healthy Smiles for Wisconsin Infrastructure Support				X
3. Technical Assistance		X		
4. Oral Health Surveillance			X	
5.				
6.				
7.				
8.				

9.				
10.				

b. Current Activities

1. Healthy Smiles for Wisconsin Seal-A-Smile (SAS) Sealant Program--Direct Heath Care Services--Children

The Seal-A-Smile program provides nearly $600,000 in funding to support 26 grantee projects, an increase of over $450,000 from last year. New funding will allow for substantial programmatic growth.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support--Infrastructure Building Services--Children including CYSHCN

MCH funding was provided to 6 LHDs to provide oral health assessments and sealant placement for 445 children.

3. Technical Assistance--Enabling Services--Children, including CYSHCN

Technical assistance is being provided to 32 (6 MCH funded) statewide grantees primarily in cooperation with the Children's Health Alliance. The Oral Health Program is also currently working with the CYSHCN program to incorporate a vetted national questionnaire on CYSHCN into the SAS consent forms. This will allow for valuable baseline data for both programs.

4. Oral Health Surveillance--Population-Based Services--Children, including CYSHCN

The 2008 third grade oral health survey demonstrated WI has met or exceeded the Healthy People 2010 objectives related to dental sealant prevalence. The results of the second statewide Head Start oral health assessment will be published.

c. Plan for the Coming Year

1. Healthy Smiles for Wisconsin Seal-A-Smile Sealant Program--Direct Heath Care Services--Children

We anticipate funding at least 30 community and school-based dental sealant programs. A substantial increase in funds will actively engage LHDs, agencies and individuals to establish and or expand programs. The Oral Health Program will be working with Children's Health Alliance on the goals and objectives of the HRSA funded "WI Community Based System of Oral Health with CYSHCN", specifically targeting school based opportunities to reach children.

2. Healthy Smiles for Wisconsin Oral Health Infrastructure Support--Infrastructure Building Services--Children including CYSHCN

The Program will continue to contract with Children's Health Alliance to administer the Seal-A-Smile program and provide training and guidance to new staff. The Oral Health Program will work closely with the CYSHCN program to implement the collection of data on dental sealant program participants who report as CYSHCN.

3. Technical Assistance--Enabling Services--Children, including CYSHCN

Technical assistance will be provided to at least 30 statewide project grantees in cooperation with the Children's Health Alliance. The State Chief Dental Officer and Public Health Dental Hygienist will continue to play an active role in the Wisconsin Oral Health Coalition (WOHC). The State Pubic Health Dental Hygienist will continue to develop regional WOHC meetings engaging diverse partners and directing outcomes.

4. Oral Health Surveillance--Population-Based Services--Children, including CYSHCN

Data from the Healthy Teeth for a Healthy Head Start oral health assessment of Head Start students will be disseminated. In conjunction with the WI Oral Health Coalition the 2008 Make Your Smile Count third grade oral health assessment will be used to provide a framework for program and policy development and community advocacy. Regional Coalition meetings will be held to engage additional partners and as an avenue to promote the successes of the Seal-A-Smile program. Regional meetings have a strong LHD attendance. This will allow for Oral Health Program staff to meet 1 on 1 with LHDs and gauge their interest in developing new dental sealant programs or expanding current programs.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	3.2	3.1	2.8	2.8	2.5
Annual Indicator	2.8	1.8	2.5	2.0	2.0
Numerator	30	19	27	22	22
Denominator	1062378	1078955	1086602	1086686	1086686
Data Source				WI DHS/OHI 2010.	WI DHS/OHI 2010.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	2.5	2.5	2.5	2.5	1.9

Notes - 2009
Data issue: Data for 2009 will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Bureau of Health Information. Wisconsin Interactive Statistics on Health (WISH), http://dhfs.wisconsin.gov/wish/, Injury Mortality Module, accessed 04/08/2010.

Notes - 2007
Data issues: Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Bureau of Health Information. Wisconsin Interactive Statistics on Health (WISH), http://dhfs.wisconsin.gov/wish/, Injury Mortality Module, accessed 04/08/2009.

a. Last Year's Accomplishments
1. Car Seat Safety Education and Fitting/Inspections--Enabling Services--Infants and children

In 2009, 32 LHDs conducted checks for proper installation and use of car seat restraints through the MCH performance-based contracts. This was the most commonly selected objective.

2. Community Education and Outreach--Population-Based Services--Infants and children

Education to support the proper use of child passenger safety seats continued in 2009. Staff from DPH provided technical assistance to LHDs for implementation and sustainability of CPS programs including offering a webinar that allowed technicians to receive 1 CEU to help them maintain technician status.

3. Enhancement and Expansion of Partnerships--Infrastructure Building Services--Infants and children

LHDs continued to utilize partnerships with DOT, law enforcement agencies, local hospitals, EMS, SAFE KIDS and local businesses to support their efforts to provide education and services pertaining to child passenger safety. Money was also available from DOT for staff training and education and for purchasing car seats for low income families. Further, MCH staff participated on a workgroup to help develop the DOT Strategic Highway Safety Plan.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Car Seat Safety Education and Fitting/Inspections		X		
2. Community Education and Outreach			X	
3. Enhancement and Expansion of Partnerships				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Car Seat Safety Education and Fitting/Inspections--Enabling Services--Infants and children

In 2010, 38 LHDs are conducting checks for proper installation and use of car seat restraints through the MCH performance-based contracts. This is the most commonly selected objective. We are continuing to evaluate this objective to assure that it meets the needs of both LHDs and the MCH Program.

2. Community Education and Outreach--Population-Based Services--Infants and children

Education to support the proper use of child passenger safety seats continues in 2010. The number of LHDs who selected this objective rose between 2009 and 2010. We strongly encourage partnership with local organizations, such as SAFE KIDS, hospitals, fire departments and local business to support this activity within their communities. We continued our technical assistance to LHDs by providing 1 CEUs to technicians free of charge through the MCH program webinar series.

3. Enhancement and Expansion of Partnerships--Infrastructure Building Services--Infants and children

LHDs continue to utilize partnerships with DOT, law enforcement agencies, local hospitals, EMS,

and SAFE KIDS to support their efforts to provide education and services pertaining to child passenger safety. Money is also available from DOT for staff training and education and for purchasing car seats for low income families.

c. Plan for the Coming Year

1. Car Seat Safety Education and Fitting/Inspections--Enabling Services--Infants and children

MCH will continue to support the reduction of MVC related injuries and deaths in children through a continued emphasis on local coordination and support of child passenger safety technicians, safety seat checks and the provision of seats to at-risk families.

2. Community Education and Outreach--Population-Based Services--Infants and children

Education to support the proper use of child passenger safety seats will continue. We strongly encourage partnership with local organizations, such as SAFE KIDS, hospitals, fire departments and local business to support this activity and ensure consistent messaging. MCH will continue to provide technical assistance to LHDs and explore additional options for communities to support these services.

3. Enhancement and Expansion of Partnerships--Infrastructure Building Services--Infants and children

Additional expectations include working within community institutions to identify organization policies that may enhance motor vehicle safety for children (i.e. hospital policy requiring a CPS technician to check all seats before a new baby is discharged). Further, via the new Keeping Kids Alive Initiative, additional data will be available to track outcomes and engage new partners. It is expected that MCH staff will again work on the Strategic Highway Safety Plan.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		40	25	26	28
Annual Indicator	25.0	26.0	26.6	27.1	27.5
Numerator	2810	3309	3622	3784	3901
Denominator	11238	12726	13616	13963	14185
Data Source				CDC PedNSS 2009.	CDC PedNSS 2010.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	29	29	30	31	32

Notes - 2009

Source: 2009 Pediatric Nutrition Surveillance System (PedNSS), Centers for Disease Control and Prevention.

Notes - 2008
Source: 2008 Pediatric Nutrition Surveillance System (PedNSS), Centers for Disease Control and Prevention.

Notes - 2007
Source: 2007 Pediatric Nutrition Surveillance System (PedNSS), Centers for Disease Control and Prevention.

a. Last Year's Accomplishments
1. Breastfeeding Education, Promotion, and Support--Direct Services--Pregnant and breastfeeding women

In 2009, 21 local health departments worked on the 10 Steps to Breastfeeding Friendly Health Departments multi-year template objective. This process included completion of a self-assessment tool and all 10 Steps and accompanying required activities to protect promote and support breastfeeding within the community. Title V staff provided statewide training on achieving this template objective and collaborated with regional office MCH and WIC staff to revise the Breastfeeding Friendly Health Department objective to direct efforts towards establishing a community focus on breastfeeding support rather than individual services.

2. Breastfeeding Peer Counseling and Breast Pump Distribution--Enabling Services--Pregnant and breastfeeding women

The State WIC Breastfeeding Coordinator manages the Breastfeeding Peer Counseling Program (BFPCP) and the WIC Breast Pump Program. In 2008 and 2009, more than 8,000 breast pumps were purchased and distributed by WIC. In CY 2009, the WIC Program trained 25 new breastfeeding peer counselors who provided prenatal breastfeeding counseling and postpartum support in 37 local WIC projects statewide. The WIC Breastfeeding Incidence and Duration Report indicated improved breastfeeding rates with the BFPCP initiation and 6 month duration rates at 68.4% and 26.3% compared to the State average of 66.2% and 25.5%.

3. Wisconsin Partnership for Activity & Nutrition--Population-Based Services--Pregnant and breastfeeding women

The WIC Breastfeeding Coordinator co-chaired the State Breastfeeding Committee of the Wisconsin Partnership for Activity & Nutrition (WI PAN). A key obesity prevention focus area of WI PAN is the promotion and support of breastfeeding. The Breastfeeding Committee of WI PAN promoted and distributed the "10 Steps to Breastfeeding Friendly Childcare Centers" module. This guide was used by breastfeeding coalitions and public health professionals to train childcare staff.

4. Collaboration and Partnerships: Breastfeeding Coalitions--Infrastructure Building--Pregnant and breastfeeding women

The Breastfeeding Committee of WI PAN developed, distributed, and evaluated a survey for the local breastfeeding coalitions. This survey which had a 92% response rate, assessed specific breastfeeding coalition needs, best means to address needs and optimal approaches for networking. The Breastfeeding Committee of WI PAN and the Milwaukee County Breastfeeding Coalition (MCBC) were selected for the 2009-2010 Business Case for Breastfeeding training grant. The WIC Breastfeeding Coordinator presided as the proctor and network coordinator for the CDC bimonthly State Breastfeeding Coalition conference calls in 2009.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Breastfeeding Education, Promotion and Support	X			
2. Breastfeeding Peer Counseling and Breast Pump Distribution		X		
3. Wisconsin Partnership for Activity and Nutrition			X	
4. Collaboration and Partnerships-Local Breastfeeding Coalitions				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Performance Based Contracting--Direct Health Care Services--Breastfeeding Promotion and Support

• 21 LHDs working towards 10 Steps to Breastfeeding Friendly Health Departments
• 2 LHDs recognized for achieving Breastfeeding Friendly status
• MCH & LHD staff provide statewide education on achieving the 10 steps

2. Breastfeeding Peer Counseling and Breast Pump Distribution--Enabling Services--Breastfeeding Peer Counseling

• US Dept. of Agriculture Food and Nutrition Service(USDA/FNS) infrastructure grant focus on breastfeeding competencies for local WIC staff providing 6 regional trainings for 500 staff
• WIC Program trained 50 new breastfeeding peer counselors in 52 local WIC projects
• Quarterly continuing ed conference calls provided for breastfeeding peer counselors and BFPCP Coordinators

3. Wisconsin Partnership for Activity & Nutrition--Population-Based Services--Pregnant and the general public

Breastfeeding Committee supported Right to Breastfeed legislation (AB-57/SB-16) signed into law March 10, 2010

4. Collaboration and Partnerships: Local Breastfeeding Coalitions--Infrastructure Building--Pregnant and breastfeeding women

WI PAN Breastfeeding Committee will sponsor Business Case for Breastfeeding training. Participants trained to provide effective outreach, education, and technical assistance for employers in their communities thereby increasing workplace lactation support.

c. Plan for the Coming Year

1. Performance Based Contracting--Direct Health Care Services--Breastfeeding Promotion and Support

Title V MCH Program will be directing efforts to building systems of support for families in WI Bright Futures Initiative will incorporate breastfeeding messages. Increased capacity within WI WIC will continue to provide individual breastfeeding support.

2. Statewide Breastfeeding Activities--Enabling Services--Breastfeeding Peer Counseling

State WIC Breastfeeding Coordinator will continue to manage Breastfeeding Peer Counseling Program (BFPCP) and the WIC Breast Pump Program. The CY 2011 goal will be to continue to expand the BFPCP to all counties in WI and institutionalize peer counseling in WIC as a core service focused on increasing breastfeeding rates among WIC participants.

3. Wisconsin Partnership for Activity & Nutrition--Population-Based Services--Pregnant and the general public

WIC Breastfeeding Coordinator will continue to co-chair State Breastfeeding Committee of the WI Partnership for Activity & Nutrition (WI PAN) and participate in the Coalition Support Team Committee. Right to Breastfeed in public cards are will be developed, printed, and distributed to breastfeeding mothers by WIC Projects, local breastfeeding coalitions, hospitals, businesses, etc. In response to the Health Care Reform legislation inclusion of breastfeeding protection for working mothers, efforts towards bringing the Business Case for Breastfeeding to employers in Wisconsin will expand.

4. Collaboration and Partnerships: Local Breastfeeding Coalitions--Infrastructure Building--Pregnant and breastfeeding women

State Breastfeeding Committee of WI PAN will provide local breastfeeding coalitions ongoing technical assistance, consultation, and training on designing evidence-based strategies as defined by the 'CDC Guide to Breastfeeding Interventions' and work to increase number of local breastfeeding coalitions in WI.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	95	95	95	97.5	97.5
Annual Indicator	95.6	94.5	97.2	96.5	95.7
Numerator	65780	66675	69364	68382	66688
Denominator	68785	70519	71389	70862	69654
Data Source				WI WETRAC 2009.	WI WETRAC 2010.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	96	96	96.5	97	97.5

Notes - 2009
Hearing screening results are reported on the Wisconsin State Lab of Hygiene (WSLH) newborn blood screening card. Data are entered into the WSLH database and messaged to the Wisconsin Early Hearing Detection and Intervention Tracking Referral and Coordination (WE-TRAC) system. Processing logic within WE-TRAC filters incoming records and hearing screening results.

Records with PASS/PASS results are archived and records for infants with REFER or missing results are placed on a birth hospital queue for follow-up. Hospitals continue to submit delayed hearing screening results via fax to the WSLH.
Wisconsin State Senate Bill 323 was passed during the 2009 legislative session. The bill requires the physician, nurse-midwife, or certified professional midwife who attends a birth to ensure that the infant is screened and that parents are advised of the results. Wisconsin Sound Beginnings, the State of Wisconsin's early hearing detection and intervention (EHDI) program, collaborated with others on the revisions of the bill to include support for follow up services. This bill was signed into law in May 2010.

Notes - 2008
Data on hearing screening are reported on one page of the newborn blood-spot card that goes to the Wisconsin State Lab of Hygiene (WSLH). The data are electronically messaged daily to the Wisconsin Early Hearing Detection and Intervention Tracking Referral and Coordination (WE-TRAC) system. Records for infants who show PASS/PASS results are archived; records for infants who REFER in one or both ears are queued for follow-up by the birth hospital. Reports started being generated directly from the WE-TRAC system for 2007 data. This method has allowed issues that occurred in the past, such as duplicate records that were difficult to identify as duplicates and babies with delayed screening or not screened for valid reasons but accounted for, to be corrected. Since the removal of the separable metabolic screening card, hospitals are faxing WE-TRAC users delayed hearing screening results to the WSLH. This is making our user much more responsible for updating their records accurately and in a timely fashion.

Notes - 2007
Hearing screening data are reported on the newborn blood-spot card that is sent from the birth hospital to the Wisconsin State Lab of Hygiene (WSLH). The data are electronically messaged daily to the Wisconsin Early Hearing Detection and Intervention Tracking Referral and Coordination (WE-TRAC) system. Unlike the data reported in previous years from WSLH records, the 2007 data are generated directly from the WE-TRAC system. This method has helped resolve accuracy issues involving duplicate records and delayed records that occurred in the past. The data adhere to the CDC reporting standards for EHDI statistics; i.e., the screened number excludes newborns who were missed in one or both ears, refused screening, or died before screening was possible.

a. Last Year's Accomplishments
1. Outreach/Public Education--Enabling Services--Pregnant women, mothers, and infants

WI Sound Beginnings (WSB) has created and continues to evaluate and improve "Just in Time" packets. The packets are designed to assist the provider and family of a child who is deaf or hard of hearing and provide information about appropriate next steps and community resources. The packet includes a letter, resource list, a DVD related to hearing loss, and the EHDI Care Map. The EHDI Care Map is a guideline for parents and providers. It includes a checklist of recommended appointments, resources and referrals for children who refer or do not pass their newborn hearing screening test. The "Just in Time" packet also includes a copy of the confirmation of hearing loss report.

A survey was conducted of OB nurse managers and clinical educators to determine the utilization of WSB materials. After the survey results were complied, staff performed specific outreach to increase the use of brochures, DVDs, and posters within hospitals and out of hospital birth settings.

2. WSB/Congenital Disorders Program--Population-Based Services--Pregnant women, mothers, and infants

Although hearing screening is voluntary, in 2009 WI screened 95.7% of occurrent births and identified 88 babies with congenital hearing loss. 70 of those kids were enrolled in the state early

intervention program. However, WI continues to address lost to follow-up issues though coordination of follow-up activities with the WSLH as well as through direct outreach to providers. Delayed or missing hearing screening results are submitted through the WI web-based data collection and tracking system (WE-TRAC) via faxes from birth hospitals. WSLH collects risk factors for late onset hearing loss on newborn screening cards. A notification letter for physicians who care for children with risk factors of hearing loss was developed and implemented. The messaging service that enables data transfer from WSLH to WE-TRAC was upgraded to PHIN MS.

3. Support Services for Parents--Enabling Services--Pregnant women, mothers, and infants

The 9th Annual Statewide Parent Conference was planned through coordinated efforts of WSB, Department of Public Instruction, and families of kids with hearing loss. The conference focuses on education of family members and social networking of the children and their siblings, with a preconference for the professionals who serve them.

4. Birth-3 Technical Assistance Network--Infrastructure Building Services--CYSHCN

Babies identified as deaf or hard of hearing were electronically referred to Birth-3 via WE-TRAC. Reporting requirements that will identify the numbers of children with hearing loss referred to early intervention services were outlined.

5. EHDI Workgroup--Infrastructure Building Services--CYSHCN

The EHDI QI Consortium is a multi-disciplinary advisory group that guides the efforts of the WSB Program. The QI Consortium met once and defined next steps for the state.

6. Reduce Lost to Follow-up--Infrastructure Building Services--CYSHCN

Quality improvement focused learning sessions centered on reduction of lost to follow-up were conducted on a regional and statewide level. The design and content development of a web-based QI toolkit was initiated and will be made available to the Learning Collaborative participants as a resource. The web based toolkit will be a comprehensive source of information related to early hearing detection and intervention.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Outreach/Public Education		X		
2. WSB/Congenital Disorders Program			X	
3. Support Services for Parents	X			
4. Birth to 3 Technical Assistance Network				X
5. EHDI Workgroup				X
6. Reduce Lost to Follow-up				X
7.				
8.				
9.				
10.				

b. Current Activities

1. Outreach/Public Education--Enabling Services--Pregnant women, mothers, and infants

"Just in time" packets providers are sent upon diagnosis of a hearing loss. Materials survey results prompted the development of an EHDI materials sheet that was disseminated to the same

target group.

2. WSB/Congenital Disorders Program--Population-Based Services--Pregnant women, mothers, and infants

WSB continues to coordinate follow-up with the WSLH and improve data quality. Risk factors are collected on the newborn screening card and WSB notifies physicians of infants at risk for late onset progressive hearing loss.

3. Support Services for Parents--Enabling Services--Pregnant women, mothers, and infants

The Statewide Parent Conference and professional preconference will occur. Parent Follow-through position was hired to provide GBYS Follow-through support.

4. Birth-3 Technical Assistance Network--Infrastructure Building Services--CYSHCN

Audiologists make an electronic referral to Birth-3 information system. Birth-3 enrollment reports will be generated.

5. EHDI Workgroup--Infrastructure Building Services--CYSHCN

The EHDI Quality Improvement Consortium will continue to meet.

6. Reduce Lost to Follow-up--Infrastructure Building Services--CYSHCN

The learning collaborative was completed. The creation of the WI EHDI Quality Improvement Toolkit continues. EHDI QI Consortium members will spread improvement strategies. The GBYS Follow-through Program and WE-TRAC system development will continue.

c. Plan for the Coming Year

1. Outreach/Public Education--Enabling Services--Pregnant women, mothers, and infants

"Just in time" packets for early intervention providers will continue to be sent upon diagnosis of a hearing loss. Materials survey results indicated a severe underutilization and prompted the development and dissemination of an EHDI materials sheet. A second survey will be sent and results compiled to determine whether outreach efforts increased material utilization.

2. WSB/Congenital Disorders Program--Population-Based Services--Pregnant women, mothers, and infants

WSB will continue to coordinate follow-up with the WSLH and improve data quality. WSLH will continue to collect risk factors on the newborn screening card so physicians may be notified of at-risk infants. Hearing screening results will be added to the WSLH blood screen report that is sent to physicians. Risk factors will be visible in WE-TRAC.

3. Support Services for Parents--Enabling Services--Pregnant women, mothers, and infants

The Statewide Parent Conference and professional pre-conference will be planned. Parent follow-through position will contact families of babies that do not pass the hearing screen.

4. Birth-3 Technical Assistance Network--Infrastructure Building Services--CYSHCN

Babies identified with hearing loss will continue connected to Birth-3 via WE-TRAC, the tracking and surveillance system for newborns and hearing screening results. Birth-3 reports will be

generated to determine enrollment.

5. EHDI Workgroup--Infrastructure Building Services--CYSHCN

The EHDI Quality Improvement Consortium will continue to meet.

6. Reduce Lost to Follow-up--Infrastructure Building Services--CYSHCN

The web based WI EHDI Quality Improvement Toolkit will be completed. EHDI QI Consortium members will spread improvement strategies to additional community teams. The GBYS Follow-through Program and WE-TRAC system development will continue.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	2	2	2.8	2.7	2.6
Annual Indicator	2.9	3.8	2.4	2.8	2.8
Numerator	38100	48000	31000	36000	36000
Denominator	1300000	1273000	1293000	1292000	1292000
Data Source				WI DHS/ OHI 2010.	WI DHS /OHI 2010.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	2.5	2.5	2.5	2.4	2.4

Notes - 2009
Data issue: Data for 2009 will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Family Health Survey, 2009 . Madison, Wisconsin: 2009.
Numerator: Weighted data. Denominator: Weighted data.
Data issues: 1) Estimated numbers have been rounded to the nearest 1,000. The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents. The survey has questions about health-related limitations and chronic conditions for persons greater than age seventeen.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Family Health Survey, 2007. Madison, Wisconsin: 2009.
Numerator: Weighted data. Denominator: Weighted data.
Data issues: 1)Estimated numbers have been rounded to the nearest 1,000. The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports

information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents. The survey has questions about health-related limitations and chronic conditions for persons greater than age seventeen.

a. Last Year's Accomplishments

1. Governor's BadgerCare Plus Initiative--Enabling Services--Pregnant women, mothers, infants and children, including CYSHCN

Since implementation of BadgerCare Plus in February 2008 that combined WI Medicaid and SCHIP programs to cover children in the State, the number of children covered has increased as of March 2010 to a total of 402,275 children under age 19 who are eligible for BadgerCare Plus. Of these children, 12,145 are eligible for the benchmark plan at family incomes above 200% FPL. Only 2.8% of Wisconsin children are without health insurance coverage according to the Family Health Survey data. Community partners outreached to families about the program's benefits and provided direct, confidential application assistance. In some cases, children were able to receive immediate, express enrollment in BadgerCare Plus through these community partners.

2. Support the "Covering Kids" Program--Enabling Services--Pregnant women, mothers, infants and children, including CYSHCN

The "Covering Kids and Families" Program in Wisconsin (CKF-WI) is housed at the UW-Madison School of Human Ecology, working in partnership with UW-Extension and other partners throughout the state. It is a coalition of more than 65 organizations committed to reducing the number of uninsured children and families and dedicated to reducing health disparities and improving overall health in Wisconsin by cultivating a network of informed individuals and organizations and thereby enhancing capacity to maximize participation in public health insurance programs. CKF-WI is making sure those who are eligible for BadgerCare Plus know about and can easily enroll in the programs for which they qualify by being an expert resource on access, coverage, and outreach related to public health insurance, a leader in impacting public health policy, and by recognizing that access to coverage does not necessarily mean access to quality care. In 2009, CFK-WI was awarded Bader funds to expand the Milwaukee CHILD (Connecting Health Insurance to Lunch Data) Project for two years.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Governor's BadgerCare Plus Initiative		X		
2. "Covering Kids" Program		X		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Governor's BadgerCare Plus Initiative--Enabling Services--Pregnant women, mothers, infants and children, including CYSHCN

The Title V MCH/CYSHCN Program continues to provide assistance to Governor Doyle's expansion to the Wisconsin BadgerCare Program that is to provide an opportunity for health insurance for all children in the state and improve access to health care coverage.

2. Support the "Covering Kids" Program--Enabling Services--Pregnant women, mothers, infants and children, including CYSHCN

In cooperation with UW-Extension, the Title V MCH/CYSHCN Program continues to provide support for state and local coalitions that are funded through 2010 by promoting their school outreach strategies tool kit. These activities will assist children and their families and build access to funding mechanisms through BadgerCare Plus for affordable, comprehensive health care coverage. Covering Kids will continue to influence expanded BadgerCare Plus as health care reform in implemented.

c. Plan for the Coming Year

1. Governor's BadgerCare Plus Initiative--Enabling Services--Pregnant women, mothers, infants and children, including CYSHCN

The Title V MCH/CYSHCN Program will continue to provide assistance to Governor Doyle's expansion to the Wisconsin BadgerCare Plus Program that provides health insurance for all children in the state by working with partners throughout the state. Virtually all children in Wisconsin have access to coverage by health insurance in the state.

2. Support the "Covering Kids" Program--Enabling Services--Pregnant women, mothers, infants and children, including CYSHCN

With passage of health care insurance reform, CFK-WI is in the midst of strategic planning to move from health coverage to health access, health outcomes, and/or health disparities. This will be a slightly new realm but also an opportunity to continue to support school based outreach as well as targets toward other areas of need.

3. Wisconsin's Office of Health Care Reform--Enabling Services--Pregnant women, mothers, infants and children, including CYSHCN

In April 2010, Governor Jim Doyle signed Executive Order #312, creating the Office of Health Care Reform. The Office will oversee implementation of national health care reform in Wisconsin and will be co-chaired by DHS Secretary Karen Timberlake and Wisconsin Insurance Commissioner Sean Dilweg. The MCH program will continue to work through 2011 with assuring connectedness to key provisions of the health care reform implementation that impact MCH populations.

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		12.1	29	28	29.9
Annual Indicator	13.3	29.3	29.2	29.9	30.5
Numerator	6893	15137	15078	16707	18385
Denominator	51825	51667	51636	55875	60280
Data Source				CDC PedNSS 2009.	CDC PedNSS 2010.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the					

last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	29.8	29.7	29.6	29.5	29.4

Notes - 2009
Source: 2009 Pediatric Nutrition Surveillance System (PedNSS), Centers for Disease Control and Prevention.

Notes - 2008
Source: 2008 Pediatric Nutrition Surveillance System (PedNSS), Centers for Disease Control and Prevention.

Notes - 2007
Source: 2007 Pediatric Nutrition Surveillance System (PedNSS), Centers for Disease Control and Prevention.

a. Last Year's Accomplishments
1. Increased Knowledge of Healthy Behaviors--Enabling Services--Children over the age of 2, including CYSHCN and their families

Through performance based contracting, 10 LHDs created environments that promote breastfeeding, healthy eating, physical activity and a healthy weight in all sectors. The activities are linked to Healthiest Wisconsin 2010 and the Nutrition and Physical Activity State Plan to prevent obesity and related chronic diseases.

2. Community Campaigns--Population-Based Services--Children over the age of 2, including CYSHCN and their families

Through the performance-based contracting system, LHDs promoted nutrition and physical activity in their community. These include a Fun Walk/Run, Safe Routes to School, Turn off TV Week, and Healthy Community Award. The Healthy Community Award was presented to 12 community-based youth-serving organizations in one county. 506 children participated in TV Turn Off week in one county. 100 people participated in a Fun Run/Walk in one rural county. Another LHD sponsored a safe walking awareness campaign for students reaching 256 families, 48 school faculty and 21 PTA members.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CYSHCN and their families

Through performance-based contracting, LHDs improved the nutrition and physical activity environment and strengthened their infrastructure. Strategies included: walkability/bikeability surveys, childcare environment assessments, Safe Routes to School, school wellness, assessment of breastfeeding services, worksite wellness, farmers markets, Got Dirt? Garden Initiative and childcare curriculum. Several of the LHDs reported writing and submitting grants for other funding to support their activities.

4. Nutrition and Physical Activity Coalitions--Population-Based Services--Children over the age of 2, including CYSHCN and their families

Partnerships are vital to preventing obesity. There are 38 local coalitions focused on nutrition, physical activity & obesity prevention. These coalitions have continued to foster collaborations

between multiple organizations in their community to address childhood obesity through education, environmental, systems and policy change strategies.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increased Knowledge of Healthy Behaviors		X		
2. Community Campaigns			X	
3. Needs Assessments and Plan				X
4. Nutrition and Physical Activity Coalitions				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Increased Knowledge of Healthy Behaviors--Enabling Services--Children over the age of 2, including CYSHCN and their families

Through the performance-based contracting system, 17 LHDs are creating environments that promote healthy eating, physical activity and healthy weight in all sectors. These activities will be linked to the Healthiest Wisconsin 2010 and the Wisconsin Nutrition and Physical Activity State Plan to prevent obesity and related chronic diseases.

2. Community Campaigns, Environment and Policy Change--Population-Based Services--Children over the age of 2, including CYSHCN and their families

LHDs are promoting nutrition and physical activity in their community. These include: campaigns such as Safe Routes to School, TV Turn Off Week, Walk Around the World Month, healthy menus, Community Awards and media campaigns.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CYSHCN and their families

LHDs are improving the nutrition and physical activity environment and building the infrastructure through coalition assessment, worksite assessment, and sustainability planning.

4. Nutrition and Physical Activity Coalitions - Collaboration and Partnerships--Infrastructure Building Services--Children over the age of 2, including CYSHCN and their families

Partnerships are vital to preventing obesity. There are ~46 local coalitions who will focus on obesity, improving nutrition and increasing physical activity.

c. Plan for the Coming Year

1. Increased Knowledge of Healthy Behaviors--Enabling Services--Children over the age of 2, including CYSHCN and their families

LHDs and local coalitions will be encouraged to focus efforts related to obesity prevention through increased breastfeeding, increased fruit and vegetable consumption, increased physical activity, decreased television time, decreased sugar-sweetened beverage consumption and decreased consumption of high energy dense foods. These activities will be linked to the Healthiest

Wisconsin 2020 and the WI Nutrition and Physical Activity State Plan to prevent obesity and related chronic diseases. The HW 2020 implementation plan will be developed and the Nutrition and Physical Activity State Plan will be revised.

2. Community Campaigns, Environment and Policy Change--Population-Based Services--Children over the age of 2, including CYSHCN and their families

Community-wide campaigns (such as Safe Routes to School, TV Turn Off Week) may be planned as part of the work of LHDs, coalitions, and community-based organizations to implement the WI Nutrition and Physical Activity State Plan. Campaigns are implemented in conjunction with other strategies (such as policy change, environmental change or education) to increase the impact of the campaign. Collaborate with CDC on a national media campaign in WI.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CYSHCN and their families

The Wisconsin Partnership for Activity and Nutrition (WI PAN) and the Nutrition, Physical Activity and Obesity Program will disseminate resources to LHDs, coalitions, and community-based organizations to implement evidence-based strategies to prevent overweight and obesity, work with schools to apply for the Governor's School Health Award, implement a childcare intervention, and promote the Worksite Kit and Safe Routes to School. The Program and WI PAN will promote the use of the State Plan as a "blueprint" for activities to prevent overweight among children and their families.

4. Nutrition and Physical Activity Coalitions--Collaboration and Partnerships--Infrastructure Building Services--Children over the age of 2, including CYSHCN and their families

State and community partnerships are vital to preventing and managing childhood overweight. There are ~46 local coalitions who will focus on preventing overweight, improving nutrition and increasing physical activity. The coalitions focus on a variety of issues related to childhood overweight including family meals, being active as a family, access to healthy food as well as food security and hunger. An annual survey will be conducted to capture capacity to implement interventions, identify training and resource needs and highlight successes. Key partners include: the WIC Program, DPI programs, the Child and Adult Care Feeding Program, Dept. of Transportation, Dept. of Agriculture, UW-Extension, Minority Health Program, LHDs, and community coalitions.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		14.5	14	13.5	13.5
Annual Indicator	14.0	14.9	14.9	14.9	15.1
Numerator	9812	10715	10843	10843	10395
Denominator	70012	72114	72560	72560	68841
Data Source				WI DHS/BHIP 2009.	WI PRAMS.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the					

last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	13.5	13	13	13	13

Notes - 2009
Data issue: These data are from Wisconsin PRAMS and from the 2007 - 2008 weighted data set that is representive of Wisconsin resident mothers who had a live birth. The survey asks if moms smoked cigarettes in the past 2 years. If the moms answered yes, she's asked the quantity of cigarettes she smoked during the last 3 months of her pregnancy. The numerator represents those mothers who said they smoked during the last three months of pregnancy, and the denominator represents Wisconsin resident mothers.

Notes - 2008
Data issue: 2008 data will not be available from the Bureau of Health Information and Policy until 2010. Furthermore, the Bureau of Health Information and Policy most likely will not have data for this indicator until 2010 after the revised birth certificate is implemented with a new on-line system (projected to be in place by 2009). Wisconsin was awarded the Pregnancy Risk Assessment Monitoring System (PRAMS) in April, 2006. We do not expect to have data from PRAMS until late 2009.

Notes - 2007
Data issue: 2007 data will not be available from the Bureau of Health Information and Policy until 2009. Furthermore, the Bureau of Health Information and Policy most likely will not have data for this indicator until 2010 after the revised birth certificate is implemented with a new on-line system (projected to be in place by 2009). Wisconsin was awarded the Pregnancy Risk Assessment Monitoring System (PRAMS) in April, 2006. We do not expect to have data from PRAMS until late 2008 or early 2009.

a. Last Year's Accomplishments
1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers and infants

The Title V Program funded 41 LHDs totaling 65 objectives addressing a variety of perinatal-related issues.

As reported in 2009 in SPHERE 31.2% of women receiving prenatal services through Medicaid and MCH programs smoked during pregnancy. 77% of the women who reported smoking during pregnancy also reported decreased smoking by the end of pregnancy. In 2008, birth certificate data indicated 14.1% of Wisconsin women smoked during pregnancy, a decrease of .8% from 2007. Additionally, Wisconsin PRAMS data for 2007-08 reports that 54% women who said "yes" they smoked in the past 2 years also indicated that they smoked in the last 3 months of pregnancy.

2. First Breath--Enabling Services--Pregnant women, mothers and infants

The Title V Program continued its First Breath Prenatal Smoking Cessation Program partnership with the Wisconsin Women's Health Foundation (WWHF). First Breath is a program that helps pregnant women in WI quit smoking by integrating cessation strategies into existing prenatal services including those provided by public health and private healthcare. In 2009 1,386 women enrolled in the First Breath Program. Between 2006 and 2009 there was a 71% increase in African American participants in the First Breath Program; a result of concentrated expansion and continued support and technical assistance to sites in Southeastern Wisconsin. A prenatal quit rate of 36% exceeded the program goal of 25%. 76% of the program's participants were Medicaid recipients in 2009.

3. Prenatal Care Coordination--Enabling Services--Pregnant women, mothers and infants

The Medicaid PNCC and MCH--funded prenatal care coordination programs provided services to approximately 12,000 eligible women. Assistance with smoking cessation is an expected service of PNCC. The WWHF has provided education and training for PNCC providers to implement the strength-based First Breath program.

4. Preconception Services--Enabling Services--Pregnant women, mothers and infants

The Infant Death Center of Wisconsin (IDCW) collaborated with the ABC's for Healthy Families social marketing project in Milwaukee to disseminate preconception materials with messages on tobacco use surrounding pregnancy. Additionally the IDCW worked with the Healthy Native Babies Consortium on bringing preconception messages to native women, including tobacco use. The WAPC preconception committee worked on additional materials for providers and consumers addressing the preconception health of both women and men. These materials include information on smoking cessation.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Title V Funded Perinatal Services		X		
2. First Breath		X		
3. Prenatal Care Coordination		X		
4. Preconception Services		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers and infants

The Title V program is funding 40 LHDs totaling 48 objectives addressing a variety of perinatal-related issues.

2. First Breath--Enabling Services--Pregnant women, mothers and infants

For CY 2010, 106 First Breath sites are participating in the program and 416 women have been enrolled. First Breath participants continue to be predominately of non-Hispanic white race, low income and low education level.

3. Prenatal Care Coordination--Enabling Services--Pregnant women, mothers and infants

Medicaid PNCC and MCH-funded Perinatal Care Coordination continue to receive training and technical assistance from the WWHF First Breath staff to support the strength based program to women during pregnancy and postpartum. Great Beginnings Start before Birth curriculum is being offered in July.

4. Preconception Services--Enabling Services--Pregnant women, mothers and infants

The WAPC preconception committee introduced an algorithm for preconception care outlining the

steps for providers to take in providing preconception care for women. Additionally a fact sheet on the preconception health for men was developed for consumers.

c. Plan for the Coming Year

1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers and infants

Due to the complex nature of smoking during pregnancy, this topic will continue to be supported by the Title V Program. The provision of Title V funds and appropriate resources will be allocated in accordance with the Needs Assessment priorities.

2. First Breath--Enabling Services--Pregnant women, mothers and infants

The Title V Program will continue as a partner to accomplish the goals of the First Breath program. Future program focus will be on the following needs: invigorate and motivate participating clinicians; compete with other health care needs for limited clinician time; address clinical challenges (i.e. the risk for post-delivery relapse, unsupportive significant others, willingness to cut down but not quit, untruthful self-report, and failure to implement the agreed-to quit plan); and identify sustainable funding. First Breath will also work to increase enrollment within existing sites, continue expansion efforts in Southeastern Wisconsin and increase enrollment at First Breath Tribal Clinics.

3. Prenatal Care Coordination--Enabling Services--Pregnant women, mothers and infants

Through Medicaid PNCC and MCH-funded programs for women during the perinatal period the WWHF First Breath program will be provided. In collaboration with WWHF, DPH will encourage all Medicaid contracted HMO's to provide smoking cessation programs such as First Breath to all pregnant and postpartum women as part of the pay for performance quality improvement initiative.

4. Preconception Services--Enabling Services--Pregnant women, mothers and infants

In collaboration with statewide partners the MCH program will pilot preconception/interconception services through family planning/reproductive health sites; PNCC provider sites and health plans. Smoking cessation will be included in the specific services addressed.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	9	9.2	9	8.7	8.6
Annual Indicator	11.0	8.4	7.7	6.7	6.7
Numerator	45	34	31	27	27
Denominator	409101	404777	402172	401148	401148
Data Source				WI DHS/OHI 2009.	WI DHS/OHI 2009.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over					

the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	8.5	8.5	8.5	8.3	6.7

Notes - 2009
Data issue: Data for 2009 will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Bureau of Health Information. Wisconsin Interactive Statistics on Health (WISH), http://dhfs.wisconsin.gov/wish/, Mortality Module, accessed 04/10/2010.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Bureau of Health Information. Wisconsin Interactive Statistics on Health (WISH), http://dhfs.wisconsin.gov/wish/, Mortality Module, accessed 04/10/2009.

a. Last Year's Accomplishments
1. Anticipatory Guidance, Risk Assessment, and Referrals--Direct Health Care Services--Adolescents

MCH and Injury and Violence Prevention (IVP) staff and LHDs worked with community and professional groups to promote prevention, assessments, referrals and intervention. A template objective for the performance-based contracting system has been offered with 2 of WI's largest health departments choosing it for 2009.

2. Training and Presentations--Population-Based Services--Adolescents

Members of the Suicide Prevention Initiative (SPI) and other community partners met to plan activities for improving WI infrastructure around suicide prevention. The MCH and Injury and Violence Prevention Program (IVPP) were leaders in the development of implementation activities. Trainings occurred on the data and use of the Burden of Suicide Report.

3. Suicide Prevention Initiative (SPI)--Infrastructure Building Services--Adolescents

Members of SPI worked with the Garrett Lee Smith grantees to build infrastructure within their communities as well as promote the development of other community coalitions and groups and support those who already had programs and activities in place.

4. Data--Infrastructure Building Services--Adolescents

The WI Violent Death Reporting System (WVDRS) collected, analyzed and disseminated data on suicides, including specific information for the 15-19 year old population by state, county, sex, incident location, and circumstances.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Anticipatory Guidance, Risk Assessment and Referrals	X			
2. Training and Presentations to Raise Awareness and Reduce Stigma			X	

3. Suicide Prevention Initiative (SPI)				X
4. Data				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Anticipatory Guidance, Risk Assessment, and Referrals--Direct Health Care Services--Adolescents

MCH & IVP staff continue to work with community & professional groups to promote prevention, assessments, referrals &intervention. Four agencies chose the suicide prevention template objective for MCH contracting.

2. Training and Presentations--Population-Based Services--Adolescents

Technical assistance continues on data and use of Burden of Suicide Report. SPI continues to support, train & do presentations for variety of audiences.

3. Suicide Prevention Initiative (SPI)--Infrastructure Building Services--Adolescents

SPI continues work with Garrett Lee Smith grantees, LHDs, and other partners to build infrastructure in their communities, promote development of other community coalitions, groups, and support those who already have programs and activities. Also focusing on carrying out improvements to enhance WI's overall infrastructure.

4. Data--Infrastructure Building Services--Adolescents

WVDRS continues to collect, analyze & disseminate data on suicides, including specific information for 15-19 yr old population as in the past. The suicide rate has declined since 2003. While the WI rate is still higher than the U.S. rate, the difference has narrowed over the past 5 years (2003-2007). In 2003, the WI rate was 11.45/100,000, the national rate was 7.27/100,000. In 2007 (latest year available for both sources), the WI rate was 7.75/100,000, the national rate was 6.91/100,000.

c. Plan for the Coming Year

1. Anticipatory Guidance, Risk Assessment, and Referrals--Direct Health Care Services--Adolescents

MCH and IVP staff work will continue with community and professional groups to promote prevention, assessments, referrals and intervention. Template objectives will continue to support the work of LHDs in addressing suicide prevention as well as other violence.

2. Training and Presentations--Population-Based Services--Adolescents

WVDRS data will continue to be used to help guide local communities in planning efforts and outcomes of their work. SPI will continue to support and provide presentations and trainings to audiences.

3. Suicide Prevention Initiative (SPI)--Infrastructure Building Services--Adolescents

The SPI will continue to move forward with strengthening WI's overall infrastructure related to suicide prevention. A steering committee will prioritize and implement steps for improvement including a state-wide branding campaign assuring communities are using consistent messaging and spreading the word about preventability of suicide. Both MCH and IVP staff will continue to participate on the SPI.

4. Data--Infrastructure Building Services--Adolescents

WVDRS will continue to collect, analyze and disseminate data on suicides, including for 15-19 yr old population as in the past. Additional data will be available through the Child Death Review System National Data Base as the Keeping Kids Alive Initiative is implemented.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	81	81.5	82	82.5	76
Annual Indicator	80.6	74.8	75.8	76.7	76.7
Numerator	712	667	623	670	670
Denominator	883	892	822	873	873
Data Source				WI DHS/OHI 2010.	WI DHS/OHI 2010.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	76	77	77.5	78	78.5

Notes - 2009
Data issue: Data for 2009 will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Office of Health Informatics.
Data issue: In Wisconsin, hospitals self-designate level of care. Wisconsin does not have a regulatory function to stanrdize these self-designations. 95% confidence intervals are: 79.6%, 73.9%. Froedtert Hospital (one of the top 10 birthing centers in Wisconsin for number of deliveries) is not included in the above estimate as a facility for high-risk deliveries and neonates. However, infants delivered at Froedtert do have access to such resources, because of a cooperative effort with the Children's Hospital of Wisconsin and the proximity of the two facilities. The Froedtert Birth Center is actually located within Children's Hospital. If Froedtert Hospital were included in the data for 2008 as a facility for high-risk deliveries and neonates, Wisconsin's indicator would be 86.0% instead of 76.7%.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy.

Data issue: In Wisconsin, hospitals self-designate level of care. Wisconsin does not have a regulatory function to stanrdize these self-designations. 95% confidence intervals are: 78.7%, 72.9%.

a. Last Year's Accomplishments

1. WAPC Efforts on Regionalization of Perinatal Care--Infrastructure Building Services--Pregnant women, mothers, infants

Hospitals in Wisconsin self designate level of perinatal care. Wisconsin does not have regulatory function over the designations. The Wisconsin Association for Perinatal Care (WAPC) has developed the Levels of Care Self-Assessment Initiative. Through the self-assessment, hospitals are given the opportunity to self-identify what level of perinatal service they provide, based on criteria that were adapted from the AAP levels of care--I, IIA, IIB, IIIA, IIIB, and IIIC. Level I provides well newborn care for infants and stabilizing care for infants of 35-37 weeks gestation and beyond; Level IIA provides care for preterm or ill infants requiring stabilization efforts and are either expected to recover rapidly or are awaiting transfer to another facility; Level IIB provides care at Level IIA plus mechanical ventilation for brief durations or continuous positive airway pressure; Level IIIA provides comprehensive care for infants born >28 weeks and weighing >1000gms and are able to provide life support and mechanical ventilation in addition to minor surgical procedures; Level IIIB provides comprehensive care for the extremely low birth weight infant (less than or equal to 28 weeks, 1000gms) with advanced respiratory support, full range of pediatric subspecialists, advanced imaging and surgical abilities; Level IIIC provides comprehensive care for premature infants at Level IIIB in addition to being able to provide ECMO and complex surgeries. The complete evaluation assessment process and tool can be located on the WAPC website (www.perinatalweb.org). Twenty one birthing hospitals have taken the self-assessment: 10 have identified Level I; 2 have identified Level IIA; 2 have identified Level IIB; 1 has identified Level IIIA; 6 have identified Level IIIB and there are no Level IIIC hospitals identified. The Levels IIIA and IIIB hospitals are primarily located in the southeastern part of Wisconsin. Four of five public health regions have a Level IIIA or Level IIIB facility.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. WAPC Efforts on Regionalization of Perinatal Care				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. WAPC Efforts on Regionalization of Perinatal Care--Infrastructure Building Services--Pregnant women, mothers, infants

The Wisconsin Association for Perinatal Care is continuing to support the use of the self assessment tool and materials on the levels of perinatal care. The results of the assessments will be posted on the WAPC website.

c. Plan for the Coming Year

1. WAPC Efforts on Regionalization of Perinatal Care--Infrastructure Building Services--Pregnant women, mothers, infants

WAPC will continue to promote the use of the levels of care self-assessment tool and post the results of the assessments on the WAPC website by level of care; alphabetically by name and geographic location. WAPC will continue to promote the use of PeriData.net for quality improvement efforts in birth hospitals.

2. Medicaid Efforts on Prenatal Care Quality Improvement--Enabling Services--Pregnant women, mothers, infants

Medicaid will implement a quality improvement initiative with the health plans that will monitor if women are referred to appropriate level of prenatal care based on their assessment of risk.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	85.5	86	86.5	87	84
Annual Indicator	85.0	83.8	82.8	82.2	82.2
Numerator	60309	60610	60257	59217	59217
Denominator	70934	72301	72757	72002	72002
Data Source				WI DHS/OHI 2010.	WI DHS/OHI 2010.
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	82	82	82.5	82.5	83

Notes - 2009
Data issue: Data for 2009 will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Bureau of Health Information. Wisconsin Interactive Statistics on Health (WISH), http://dhfs.wisconsin.gov/wish/, Birth Counts Module, accessed 04/16/2010.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Bureau of Health Information. Wisconsin Interactive Statistics on Health (WISH), http://dhfs.wisconsin.gov/wish/, Birth Counts Module, accessed 04/16/2009.

a. Last Year's Accomplishments

Impact on National Outcome Measures: NPM #18 relates to National Outcome Measures #1 Infant mortality rate, #2 Disparity between Black and White IMR, #3 Neonatal mortality rate, and #5 Perinatal mortality rate. The overall proportion of women who receive prenatal care in the first trimester was 82% in 2008, compared to 84% in 1998 (Wisconsin Births and Infant Deaths, 2008). The proportion of women receiving first trimester care increased for blacks/African American, American Indians, and Laotians or Hmong.

1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

The Title V program funded 3,743 women served through objectives addressing prenatal care. As reported in SPHERE and MCH end of year reports, 55% of women initiated prenatal care in the first trimester.

The Title V program supported the 2009 Healthy Babies summit and Association of Obstetric and Neonatal Nurses State Conference focused on a life course perspective.

2. Prenatal Care Coordination(PNCC) --Enabling Services--Pregnant women, mothers, infants

Medicaid PNCC services assist high risk pregnant women with accessing early and continuous prenatal care. The Great Beginnings Start before Birth curriculum was provided in 4 public health regions to enhance PNCC services through local health departments and other agencies. MCH data sheets were promoted through regional PNCC provider group meetings to support the monitoring of outcomes of prenatal services at the local level, including early access to medical care. The Women's Health Now and Beyond Pregnancy project continued to promote identification of a medical home. Medicaid PNCC guidelines began revision including requiring increased collaboration between PNCC providers, health plans and medical providers to improve outreach and early entry into services. PNCC Advanced training was offered in the Northern Region and included discussion of improving contacts with the medical community to increase the number of women accessing early care and services.

3. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

Title V MCH/CYSHCN staff have continued to serve on advisory committees for the Honoring Our Children Healthy Start project with Great Lakes Inter-Tribal Council (GLITC) and the Milwaukee Healthy Beginnings project with Black Health Coalition. Healthy Start has a strong focus on early entry into prenatal care and projects report on this measure. GLITC staff attended PNCC training in the Northern Region; GLITC hosted a Great Beginnings Start before Birth training in the Northern region and supported additional tribal site staff attendance at other regional trainings. The Milwaukee Healthy Beginnings Project staff attended Great Beginnings Start before Birth training in the Southeast region.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Title V Funded Services		X		
2. Prenatal Care Coordination (PNCC)		X		
3. Federal Healthy Start Projects in Wisconsin			X	
4.				
5.				
6.				
7.				
8.				
9.				

10.				

b. Current Activities

1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CYSHCN Program is funding 18 objectives to local health departments to address prenatal care. Use of MCH data sheets to monitor program outcomes has been added to mid year evaluation requirements.

2. Prenatal Care Coordination(PNCC) --Enabling Services--Pregnant women, mothers, infants

Great Beginnings Start before Birth curriculum is being offered once statewide. Women's Health Now and Beyond Pregnancy project has been expanded to additional sites, through an EIDP objective for local health departments. The Medicaid PNCC guidelines are currently being revised to include an increase in outreach and intensity of services; improved communication between PNCC, medical and health plan providers; and improved data collection. Training on PNCC Advanced was provided statewide. Medicaid has included PNCC services in the Poor Birth Outcome Assessment quality improvement initiative as a service the health plans should assure for women known to be at high risk for a poor birth outcome.

3. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

Title V MCH/CYSCHN staff continue to serve on advisory committees for the Healthy Start projects.

c. Plan for the Coming Year

1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers, infants

The Title V MCH/CYSHCN Program will fund template objectives to local health departments to address prenatal care.

2. Prenatal Care Coordination(PNCC) --Enabling Services--Pregnant women, mothers, infants

The PNCC program will continue to provide services to Medicaid-eligible women identified as at risk for a poor birth outcome. The revised Medicaid PNCC guidelines will be completed and disseminated to all providers in an update. Technical support will be provided in all regions at PNCC provider group meetings to offer guidance on adopting the revised guidelines. PNCC providers will be encouraged to continue to collaborate with health plans, the medical community, and other community service agencies to increase access the PNCC services throughout the state. The MCH program will work with Family Planning providers on implementing PNCC services through Family Planning sites. Statewide partners will collaborate with MCH to implement interconception services within existing PNCC services. The MCH program will continue regional education to PNCC provider groups and regional Health Officer meetings in collaboration with regional office staff.

3. Federal Healthy Start Projects in Wisconsin--Population-Based Services--Pregnant women, mothers, infants

The Title V MCH/CYSHCN staff will continue to serve on advisory committees for the Healthy Start projects. Technical assistance to tribal sites implementing PNCC services will continue.

D. State Performance Measures

State Performance Measure 1: *Percent of eligible women enrolled in the Wisconsin Medicaid Family Planning Waiver during the year.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		24.4	24	26	21
Annual Indicator	22.7	22.2	21.1	20.3	24.0
Numerator	64059	62935	59799	57459	67883
Denominator	282070	282970	282970	282970	282970
Data Source				WI DHS/DHCAA 2009.	WI DHS/DHCAA 2010.
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	22	23	24	25	

Notes - 2008
The federal Deficit Reduction Act (DRA) implemented several provisions that resulted in decreased enorllment in all Medicaid program, including the Family Planning Waiver; we have revised objectives accordingly.

Notes - 2007
Source: 2007 enrollment data from Wisconsin Department of Health and Family Services, Division of Health Care Financing, Medicaid program data.
Data issue: These data represent a point in time and the number of women enrolled in the FPW as of 12/31/2007; therefore, the data are subject to fluctuations and there was a slight decrease in 2007 compared to 2006.

a. Last Year's Accomplishments
1. Outreach and Enrollment--Enabling Services--Women of Reproductive Age

In 2009, Wisconsin completed its 7th year of its Medicaid Family Planning Waiver (FPW). Women between ages 15 and 44, below 200% of poverty, and meeting other federal eligibility requirements, are eligible for contraceptive and related reproductive/sexual health care under the FPW. These services provide a substantial part of primary and preventive care recommended for reproductive age women. The majority of patients enrolled in the FPW receive their care through the publicly-supported system of family planning services. At the end of 2009, 24% of estimated eligible women were enrolled (67,833 women enrolled out of 292,970 women in Wisconsin estimated to be eligible for the Medicaid Family Planning Waiver). This is an increase from 2008 when 57,459 women were enrolled, representing 20% of eligible women.

In 2009, several significant changes were begun to increase access to services and quality of care under this program. The Wisconsin Department of Health Services initiated a request to the Federal Medicaid Program to extend coverage to men under the FPW. Presumptive (or temporary) eligibility was restored as a mechanism for enrolling patients at their health care provider offices.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**

	DHC	ES	PBS	IB
1. Outreach and Enrollment		X		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Outreach and Enrollment--Enabling Services--Women of Reproductive Age

In 2010, Wisconsin obtained approval to expand FPW (contraceptive and related reproductive health care) to men, and enrollment began May 2, 2010. Following passage of the federal health care reform legislation, Wisconsin will submit a Medicaid State Plan Amendment making services now available under the FPW a permanent part of Medicaid Services. A statewide health care provider workgroup made final recommendations to implement electronic enrollment through community-based family planning providers. Technical assistance will provided through the Wisconsin State MCH Family Planning, Reproductive/Sexual Health, and Early Intervention (FP/RSH/EI) Program to assist providers in developing electronic enrollment capacity and processes. This will significantly expand community access for this (and other) Medicaid Programs.

c. Plan for the Coming Year

1. Outreach and Enrollment--Enabling Services--Women of Reproductive Age

Beginning in 2011, all family planning services under contract with the MCH FP/RSH/EI Program will have the capacity to facilitate enrollment through web-based electronic applications rather than paper-based enrollment forms. Community based providers will actively assist enrollees with required verifications and documentation to support faster determination of eligibility and enrollment. Qualified family planning health providers will have the capacity to temporarily enroll eligible men and women, and provide same-day/same-visit services and supplies.

The MCH FP/RSH/EI Program will update contraceptive and related reproductive/sexual health guidelines (patient care and administration), standards of practice, and quality assurance/performance indicators to improve outreach, eligibility screening and enrollment, quality and comprehensiveness of care, and patient responsive care (for improved patient satisfaction and convenience. These guidelines will be promoted to community based family planning providers and to federally qualified health center in Wisconsin.

Dual protection (simultaneous intervention for STD and contraceptive care) will continue as a core standard of practice. The Milwaukee Adolescent Pregnancy Prevention Partnership Initiative and a Dual Protection Partnership Initiative will continue to Milwaukee to reach, enroll, and serve men and women at high risk of unintended pregnancy and STDs. Text messaging capability will be developed to improve communications with patients for enrollment, appointment, and care-related communications. Text messaging will also be used for FPW and clinic outreach, for and health messaging to reduce the risk of unintended pregnancy and STDs.

State Performance Measure 2: *Percent of Medicaid and BadgerCare recipients, ages 3-20, who received any dental service during the reporting year.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		30.4	30.8	31	31
Annual Indicator	30.2	26.5	26.8	27.4	29.2
Numerator	72012	106400	107997	116064	137521
Denominator	238459	401534	403190	423132	470407
Data Source				WI DHS/DHCAA 2009.	DSS data warehouse, 2010.
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	31	31.2	31.4	31.4	

Notes - 2008
Data issue: These data are for the State Fiscal Year.

Notes - 2007
Data issue: These data are for the State Fiscal Year. Data entered for 2007 were incorrect. They are: 107,997/402,190 = 26.8%.

a. Last Year's Accomplishments
1. Dental Sealant Program--Population-Based Services--Children, including CYSHCN

In 2009 the Wisconsin Seal-A-Smile (SAS) statewide school-based, school-linked dental sealant program provided funding to 26 community-based agencies. MCH funds supported an additional 4 agencies. Data collected by each agency indicated that 6,266 children received 16,118 sealants. Data from the 2009 Seal-A-Smile program indicated that over 1000 CYSHCN received services through the program including screenings, oral health education, fluoride varnish and dental sealants. In September 2009 the Oral Health Program received a Health Resources and Services Administration (HRSA) grant award of $325,000/ year for three years to significantly expand the SAS program. The HRSA award allowed for the Oral Health Program to leverage additional matching funds of $241,000 for each of three years from Delta Dental of Wisconsin. The additional funds will target expansion of SAS programs in areas of the state with highest need and little to no programming.

2. Maternal and Early Childhood Oral Health--Population-Based Services--Pregnant women and mothers

In 2009, over 350 primary care providers and students were trained in Early Childhood Caries Prevention, including technical assistance and implementation of fluoride varnish programs. The Oral Health Program Fluoridation Specialist provides ongoing programmatic support to ensure long term project sustainability. In 2009 Medicaid data revealed that 12,130 fluoride varnish applications were provided to 10,266 distinct recipients, with 1,392 billed by non-dental providers. MCH funds supported a prenatal care coordination project that provided comprehensive care to 20 pregnant women. Eighteen additional agencies received MCH funding for oral health risk assessment, anticipatory guidance and fluoride varnish projects.

3. Clinical Services and Technical Assistance--Population-Based Services--Pregnant women, mothers, infants, and children, including CYSHCN

The Oral Health Program continues to provide ongoing technical support to a wide variety of

agencies, clinic systems and community based organizations related to fluoridation, program development, trends and best practices.

Through diverse partnerships and outreach efforts the Oral Health Program has provided training to enhance the multidisciplinary inclusion of oral health messaging into every aspect of health and wellness.

The Oral Health Program is in year two of a five year Centers for Disease Control and Prevention Cooperative Agreement that has allowed for significant infrastructure building within the program. Currently all three proposed funded positions have been filled, an oral health epidemiologist, a fluoridation specialist and dental sealant program coordinator.

State GPR funding supports two rural dental clinics and one Technical College Dental Hygiene program for dental services to low income families as well as school based fluoride mouthrinse and fluoride supplement programs.

4. Oral Health Surveillance--Infrastructure Building Services--Children including CYSHCN

In 2009 the Oral Health Program completed the second statewide "Healthy Teeth for a Healthy Head Start" oral health assessment of Head Start children. Preliminary data analysis indicates that although significant disparities continue to impact oral health status of Wisconsin Head Start children, there has been marked improvement in caries prevalence.

In September of 2009, the Oral Health Program in collaboration with the Wisconsin Head Start Association held a statewide Head Start Access to Oral Healthcare Forum. Multiple positive outcomes were noted as a result of the Forum. Most notably were the strong new partnerships that were developed, prompting an increase in dental health professional participation in Head Start center and the inclusion through the generosity of Delta Dental of Wisconsin of the Cavity Free Kids curriculum in every Head Start center in the state.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Dental Sealant Program			X	
2. Maternal and Early Childhood Oral Health			X	
3. Clinical Services and Technical Assistance			X	
4. Oral Health Surveillance				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Dental Sealant Program--Population Based Services--Children, including CYSHCN

Seal-A-Smile mini grant awards increased from $120,000 in 2009 to nearly $600,000. Targeted for programming will be those schools with a demonstrated federal Free and Reduced Lunch Program participation rate of 35% or greater.

2. Maternal and Early Childhood Oral Health--Population-Based Services--Pregnant women and mothers

We continue to train primary care providers and students in Early Childhood Caries prevention and support 2 rural health dental clinics and a Technical College that provide dental services to low income women and children.

A statewide burden of oral disease document is being developed.

Partnerships will enhance a multidisciplinary strategy to include oral health messaging as an integral part of overall health and wellness. A pilot project with WIC and the WI Dental Associations will incorporate the important role of nutrition in oral health.

3. Clinical Services and Technical Assistance--Population-Based Services--Pregnant women, mothers, infants, and children, including CYSHCN

The program continues to monitor the one time dental access grantees who were collectively awarded $3.2 million to build infrastructure and increase capacity to serve women and children. We continue to provide technical assistance to Children's Health Alliance for our joint effort of providing didactic and clinical training in the care and treatment of CYSHCN to over 100 dental health professional in WI.

c. Plan for the Coming Year
This measure is being retired as a state performance measure for the MCH Block Grant. The Oral Health Program has been very successful at identifying other funding sources to build infrastructure and expand oral health services including dental sealants and fluoride varnish programs. The MCH program will continue to collaborate with the Oral Health Program.

State Performance Measure 3: *Percent of children, ages 6 months-5 years, who have age-appropriate social and emotional developmental levels.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		24	83.2	94.2	94.2
Annual Indicator	22.2	82.9	94.3	93.1	91.2
Numerator	1084	131	1103	1355	1229
Denominator	4876	158	1170	1456	1348
Data Source				SPHERE 2009.	SPHERE 2010.
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	94.3	94.3	94.4	94.4	

Notes - 2009
Source: SPHERE program data, 2008.

Notes - 2008
Source: SPHERE program data, 2008.

Notes - 2007
In mid-2006, SPHERE changed to a new reporting method for collection of the ASQ:SE results, therefore, results were under reported in 2006. The 2007 increase in numbers of ASQ: SE screening results reflects improved reporting of results, as well as increased interest by LHDs in providing this screening program for young children.

a. Last Year's Accomplishments

1. Social-emotional screening of young children--Direct Health Care Services--Children, including CYSHCN

During 2009, social emotional screenings at 11 DCF managed home visiting programs continued with results reported into the SPHERE system. Additionally, six LHDs used MCH funds for ASQ:SE screening programs. All MCH-funded programs also report results of developmental assessments in SPHERE and referral for additional assessment occurs if needed. During 2009, 374 of children age 6 months through age 5 years who received MCH program services were reported as having an ASQ:SE screen. Of those receiving an ASQ:SE screen, 92% were reported at age appropriate social/emotional developmental levels. Twelve children who were identified with concerns were reported as receiving some type of service for the identified concern and an additional child was enrolled in early intervention.

2. Education and training--Enabling Services--Children, including CYSHCN

Four training sessions were held in 2009 under the leadership of the University of Wisconsin-Extension promoting accurate use of ASQ and ASQ:SE. (December 2009 training was canceled.) A total of 75 persons participated in the four trainings.

3. Wisconsin Alliance for Infant Mental Health (WI-AMH)--Infrastructure Building Services--Children, including CYSHCN

WI-AIMH continued to support the work of state and local organizations in their programs for infants, young children, and their families. A subset of this workgroup is developing the policy, billing and training for DC0-3, coordinated by WI-AIMH, to allow providers to bill and obtain reimbursement for infant mental health interventions. In addition work continues on adapting Michigan's Endorsement for Culturally Sensitive, Relationship-Based practice promoting Infant Mental Health, to ensure the competence of professionals. The IMH-E is a verifiable process that supports professional development across different disciplines and recognizes an individual's achievements in training, education, and experience.

4. Early Childhood Comprehensive Systems Plan--Infrastructure Building Services--Children, including CYSHCN

Since September 2006, WI-AIMH has assumed leadership of many ECCS activities. With some of Wisconsin ECCS grant dollars, there has been a collaborative focus to increase capacity to provide effective infant and young child mental health services and consultation. The result is a UW Infant, Early Childhood and Family Mental Health Certificate Program-Foundations Certificate. This is the pathway within the one year program intended for professionals from multiple disciplines who seek professional development in providing infant and family consultation and relationship-based services to young children and their families within the context of reflective practices.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Social-emotional Screening of Young Children	X			
2. Education and Training		X		
3. Wisconsin Alliance for Infant Mental Health				X
4. Early Childhood Comprehensive Systems Plan				X
5.				
6.				
7.				

8.				
9.				
10.				

b. Current Activities

1. Social-emotional screening of young children--Direct Health Care Services--Children, including CYSHCN

Eight LHDs are using MCH funds for ASQ: SE screening programs in 2010; an increase of 25%.

2. Education and training--Enabling Services--Children, including CYSHCN

In cooperation with UW-Extension and Regional CYSHCN Centers, the Title V MCH Program will continue in 2010 to ensure training is available to assure intended use of the ASQ and ASQ:SE tools are occurring. In 2010 three training sessions promoting accurate use of ASQ including ASQ-3 beginning in summer, and ASQ:SE are scheduled.

3. Wisconsin Alliance for Infant Mental Health--Infrastructure Building Services--Children, including CYSHCN

A focus in 2010 will be seeking endorsements from organizations throughout the state of the Joint Statement issued in 2009 and determine the actions of groups that support optimal physical, mental, social, emotional, and spiritual health. WI-AIMH and partners initiates the UW Infant, Early Childhood and Family Mental Health Certificate Program-Foundations Certificate program in June 2010.

4. Early Childhood Comprehensive Systems Plan--Infrastructure Building Services--Children, including CYSHCN

Implementation of the revised Wisconsin the WECCP System plan continues with additional 3-year grant funds. Linkages are expected with the new Governor's Advisory Council on Early Education and Care and Project LAUNCH to focus on child wellness.

c. Plan for the Coming Year

This state performance measure as written will be retired in 2011 and in part measured with a new state performance measure that includes overall child development.

State Performance Measure 4: *Rate per 1,000 of substantiated reports of child maltreatment to Wisconsin children, ages 0 - 17, during the year.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		6	6	6	6
Annual Indicator	6.0	5.5	5.0	3.6	3.6
Numerator	8148	7485	6721	4685	4685
Denominator	1360112	1357139	1353148	1314412	1314412
Data Source				WI DCF 2010.	WI DCF 2010.
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	6	6	6	6	

Notes - 2009
Data issue: Data for 2009 are not available from the 'Wisconsin Department of Children and Families until fall 2010 or early 2011.

Notes - 2008
Wisconsin Department of Health and Family Services, Division of Children and Family Services, Office of Program Evaluation and Planning, Wisconin Child Abuse and Neglect Report, 2008 Data.

Notes - 2007
Data issue: Data for 2007 are not available from the Division of Children and Family Services until 2009.
Source: Wisconsin Department of Health and Family Services, Division of Children and Family Services, Office of Program Evaluation and Planning, Wisconin Child Abuse and Neglect Report, 2006 Data.

a. Last Year's Accomplishments
1. Family Foundations Home Visiting and Empowering Families of Milwaukee--Enabling Services--Infants and Young Children and their families

The Family Foundations and Empowering Families of Milwaukee home visiting programs moved to the new Department of Children and Families (DCF) on July 1, 2008. The MCH program is supported DCF to assure a smooth transition of programs and providers to changing expectations. DCF hired a Home Visiting Coordinator in February 2010 and the DCF home visiting programs that relate to MCH activities at state and local health department levels are linked as feasible.

2. Increase surveillance capabilities for child maltreatment--Infrastructure Building--Infants and Young Children and their families

Under leadership of the MCH Injury Prevention Team increased capacity occurred with continued growth of local child death review teams throughout Wisconsin. Building upon the work of the Wisconsin's Children's Health Alliance, 27 single or multi-county teams have formed as of December 2009. The Injury and Violence Prevention Program continued to evaluate appropriate surveillance strategies for child maltreatment as a part of this process and in partnership with DCF, the state agency responsible for child protective services.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Family Foundations Home Visiting and Empowering Families of Milwaukee		X		
2. Increase Surveillance Capabilities for Child Maltreatment				X
3. Provide support for Together for Children conference			X	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Family Foundations Home Visiting and Empowering Families of Milwaukee--Enabling Services--Infants and Young Children and their families

The MCH program continues to support the DCF with home visitation programs during the transition until December 2010.

2. Increase surveillance capabilities for child maltreatment--Infrastructure Building--Infants and Young Children and their families

MCH Program Injury surveillance staff continues to evaluate existing surveillance systems and consider new methods of collecting or linking data with the intent of forming a surveillance system for child maltreatment or analysis protocols for use on existing datasets. This is occurring to the extent possible by linking to programs for child maltreatment housed in DCF and in planning to initiate a state child death review system under the authority and leadership of DHS. In 2008, there were 202 emergency department visits (15.25 per 100.000 population) for abuse in children 0-17 years of age. During the same time period, there were 25 inpatient hospitalizations (1.89 per 100,000 population) for abuse in children 0-17 years.

3. Provide support for Together for Children conference--Population-Based Services--Infants and Young Children and their families

We provide conference planning assistance and financial support to Prevent Child Abuse Wisconsin, which annually hosts a child abuse prevention conference, Together for Children.

c. Plan for the Coming Year

1. DCF-funded Home Visiting Programs--Enabling Services--Infants and Young Children and their families

During 2011, the MCH program will continue to provide partnership and support to the DCF home visitation programs as it impacts the population of children at risk in areas with disparate birth outcomes.

2. Title V Maternal, Infant, and Early Childhood Home Visiting Program--Enabling Services--Infants and Young Children and their families

As requirements for the Title V federally funded grant for home visiting program, Maternal, Infant, and Early Childhood Home Visiting Program, are implemented in Wisconsin, the state MCH program intends to provide leadership to assure all programs within their oversight are strongly represented in these efforts.

3. Increase surveillance capabilities for child maltreatment--Infrastructure Building--Infants and Young Children and their families

Staff will continue to evaluate existing surveillance systems and methods of collecting or linking data to better form a surveillance system for child maltreatment and analysis protocols for use on existing datasets. This will be done to the extent possible with the prevention programs for child maltreatment housed in DCF.

4. Provide support for Together for Children conference--Population-Based Services--Infants and Young Children and their families

We will again be supporting the Together for Children conference, which is an annual conference focused on efforts to prevent child abuse in Wisconsin and support service providers who provide child abuse victims with treatment.

State Performance Measure 5: *Percent of children who receive coordinated, ongoing comprehensive care within a medical home.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		52	52.5	53	53.5
Annual Indicator	51.2	52.5	52.5	52.5	52.5
Numerator	679854	694021	694021	694021	694021
Denominator	1327839	1321945	1321945	1321945	1321945
Data Source				SLAITS CSHCN.	SLAITS CSHCN.
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	55	56	58	58	

Notes - 2009
Data issue: These are Wisconsin-specific weighted data from the National Survey of Children's Health, National Center for Health Statisitics, Centers for Disease Control and Prevention.

Notes - 2008
Data issue: These are Wisconsin-specific weighted data from the National Survey of Children's Health, National Center for Health Statisitics, Centers for Disease Control and Prevention.

Notes - 2007
Data issue: These are Wisconsin-specific weighted data from the National Survey of Children's Health, National Center for Health Statisitics, Centers for Disease Control and Prevention.

a. Last Year's Accomplishments
1. Reproductive Health and Prenatal Care Coordination--Enabling Services--Infants

The MCH program continues to promote Medicaid PNCC services as a comprehensive program for prenatal, postpartum and interconceptional care with a goal of establishing medical homes for infants. In 2009, 29,256 pregnant women and infants received PNCC services.

2. Early Screening--Population-Based Services--Infants and Children

In 2009 the CYSHCN Program conducted a "train-the-trainer" meeting with 14 primary care providers (PCP), Regional Centers for CYSHCN, and local Birth-3 programs regarding general developmental screening according to the AAPs policy/algorithm. Following the training, each pcp trainer in partnership with the Regional Center and Birth-3 conducted trainings for other health care providers within their practice setting and in their communities. Trainers completed a pre and post practice assessment that demonstrated increase knowledge of developmental screening and increased referrals to Centers and Birth-3. Participants in the trainings also completed an online survey that demonstrated increased knowledge of developmental screening. The WI MH toolkit was also revised to include links to developmental screening resources for primary care providers (www.wimedicalhometoolkit.aap.org). In addition, contracts with Congenital Disorder diagnostic and treatment centers were revised to more clearly support MH implementation strategies (care planning including transition to adult health services, co-management with specialty care/MH, and linkages to services).

3. Oral Health--Population-Based Services--Children and CYSHCN

Three positions were filled in the oral health program that was required by the CDC Cooperative agreement. The oral health epidemiologist, fluoridation specialist, and sealant coordinator were hired. Through a grant administered by CHAW for CYSHCN, 146 dental health professionals were trained through four trainings to increase awareness and skills related to treating CYSHCN. The oral health program received a grant from HRSA to expand dental workforce.

4. Patient-at-Risk--Population-Based Services--Children

Means to communicate health need of CYSHCN at time of emergency care is under review as the Emergency Medical Services for Children program is now administratively part of the Wisconsin Emergency Medical Services Section, in the Bureau of Communicable Diseases and Emergency Response.

5. Early Childhood Comprehensive Systems--Infrastructure Building Activities--Young Children

A continuing ECCS grant was submitted March 11, 2009 to support continued work on the five components of a system of services for young children including screening programs and the promotion of medical home. Work with AAP on implementing Bright Futures in practices at local health departments in collaboration with community partners supports the importance of Medical Home for all young children. Dodge County Wisconsin is highlighted by AAP in the Volume 6, Issue 1 2009 Bright Futures Newsletter.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Reproductive Health and Prenatal Care Coordination		X		
2. Early Screening			X	
3. Oral Health			X	
4. Patient-At-Risk			X	
5. Early Childhood Comprehensive Systems				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Reproductive Health/Prenatal Care Coordination--Enabling Services--Infants

MCH program promotes PNCC as a comprehensive program for prenatal, postpartum, and interconceptional care with a goal of including a focus on establishing a MH.

2. Early Screening--Population-Based Services--Infants and Children

An Early Identification Initiative for PCPs promotes developmental and Autism Spectrum Disorders screening and their role in early hearing screening. A WI Sound Beginnings tool kit promotes strategies to reduce lost-to-follow-up. The Congenital Disorders Program promotes MH at its contracted sites. Work continues with Waisman Center's MCH-LEND and Research Topics of Interest grant to train Family Practice doctors to use validated developmental screening tools. An Integrated Management Team coordinates early screening and MH efforts through a Webcasts series.

3. Oral Health--Population-Based Services--Children and CYSHCN

Five trainings are planned for dental health professionals to increase knowledge and skills in treating CYSHCN. Grantees are monitored to ensure linkages to dental homes for children. We applied for HRSA funding to expand community health centers.

4. Early Childhood Comprehensive Systems--Infrastructure Building Activities--Young Children

An ECCS continuing grant promotes system development work on MH for young children.

5. Project LAUNCH--Population-Based Services---Young Children

Awarded in 2009, Project LAUNCH builds behavioral health in primary care.

c. Plan for the Coming Year

1. Reproductive Health and Prenatal Care Coordination--Enabling Services--Infants

MCH Program will continue to promote PNCC as a comprehensive program for prenatal, postpartum, and interconceptional care with a goal of including a focus on establishing MH for mothers and infants.

2. Early Screening--Population-Based Services--Infants and Children

CYSHCN Program will continue to take a lead with an Integrated Management Team that focuses on early developmental screening, identification and referral. The team includes State Title V CYSHCN Program and Waisman Center staff, University Center for Excellence in Developmental Disabilities (UCEDD) (including Regional Center for CYSHCN, B-3 contract, MCH LEND, Research Topics of Interest (RTOI) grant working to train family practice MDs in developmental screenings and looking at the outcomes of this process within their practices). They will meet 4 times to look for ways to integrate work in this focus area and communicate a coordinated message to key stakeholders. Planned activities include a coordinated effort to promote the MH webcasts among partners such as participants in the Early Identification Initiative and a common database of practices engaged in early identification/MH activities that could be utilized to promote MH and quality improvement activities. Congenital Disorder Program contracts will continue coordination with the child's MH including transition planning and linkages to the Regional Centers and CYSHCN Collaborators Network. In 2011 WSB will conduct a series of regional meetings to promote EHDI QI tool kit and implement strategies in the MH to reduce lost to follow up. CYSHCN Program also expects to contract with an agency as part of its 5 year cycle to serve as a statewide lead for CYSHCN/MCH MH activities as detailed in the CYSHCN MH NPM.

3. Oral Health--Population-Based Services--Children and CYSHCN

Trainings will be held for dental health professionals to increase knowledge and skills in treating CYSHCN. Grantees will continue to be monitored to ensure linkages to dental homes for all children. A new HRSA grant may increase the dental home access in community health centers.

4. Early Childhood Comprehensive Systems--Infrastructure Building Activities--Young Children

Year 2 of ECCS grant will support continued work on the 5 components of a system of services for young children including screening programs and promotion of MH.

5. Project LAUNCH Grant--Population-Based Services--Young Children ages 0 to 8 years

Project LAUNCH throughout 2011 will be connected to work of MCH local projects guided by the information obtained by the Environmental Scan and Strategic Plan processes. Significant connections to wellness across all domains of child health and wellness including social-

emotional wellness and prevention services including development of behavioral health within the context of the MH will enhance services for children throughout WI.

State Performance Measure 6: *Percent of children less than 12 years of age who receive one physical exam a year.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	80.5	81	81.5	81.5	81.5
Annual Indicator	83.0	77.1	78.2	78.2	78.2
Numerator	677000	641000	630000	598000	598000
Denominator	816000	831000	806000	765000	765000
Data Source				WI DHS/OHI 2010.	WI DHS/OHI 2010.
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	81.5	81.5	81.5	81.5	

Notes - 2009
Data issue: Data for 2009 will not be available from the Office of Health Informatics until 2011.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Family Health Survey, 2007. Madison, Wisconsin: 2009.
Numerator: Weighted data. Denominator: Weighted data.
Data issues: 1) Estimated numbers have been rounded to the nearest 1,000. The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents. The survey has questions about health-related limitations and chronic conditions for persons greater than age seventeen.

a. Last Year's Accomplishments
1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CYSHCN

The annual health exam activity is a direct health care service for children under age 21, including children with special health care needs. The target groups for services funded by the Title V block grant are children who are uninsured or underinsured. For 2009 consolidated contracts, 6 LHDs submitted objectives to provide or assure access to primary preventive exams. As reported in SPHERE for 2009 contracts, 514 unduplicated clients aged 0-12 years were reported as receiving physical exams. In 2009, it is estimated that 598,000 Wisconsin's children under age 12 years accessed at least one physical exam according to the Family Health Survey. This is 81.5% of all children under age 12 years in Wisconsin but less than the high of 83% reported in 2005.

2. Governor's BadgerCare Plus Initiative--Enabling Services--Pregnant women, mothers, infants and children, including CYSHCN

BadgerCare Plus outreach is currently being enhanced with a grant from Robert Wood Johnson Foundation to support enrollment and retention. This should improve prospects for preventive services including health and oral exams for all children in the state. BadgerCare Plus began enrolling families on February 1, 2008. It is a new program for children under 19 year of age and their families in Wisconsin who need and want health insurance regardless of income. All

children under 19 years old--at all income levels--can enroll in BadgerCare Plus if they don't have access to health insurance. Enrollment continues to increase with 80,246 children and youth enrolled since implementation.

3. "Covering Kids" Program--Enabling Services--Pregnant women, mothers, infants and children, including CYSHCN

"Covering Kids" Program continued coalition activities to improve outreach as BadgerCare Plus was implemented in 2008. Recently Covering Kids has shifted its focus to the CHILD Project, which seeks to develop capacity within Wisconsin's public schools to provide needed information and assistance for children and their families who lack health insurance and may be eligible for coverage under BadgerCare Plus, Wisconsin's public health insurance program. Additional funds were provided to outreach in schools in Milwaukee.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Comprehensive Well-Child Exams	X			
2. Governor's BadgerCare Plus Initiative		X		
3. "Covering Kids" Program		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CYSHCN

For 2010 contracts, 3 LHDs submitted objectives to provide or assure access to primary preventive exams for 293 children; this is a decrease of 50% from previous years due to BadgerCare Plus enrollment.

2. Governor's BadgerCare Plus Initiative--Enabling Services--Pregnant women, mothers, infants, and children, including CYSHCN

Prospects for preventive services including health and oral exams for all children in the state should increase with expansion of BadgerCare Plus.

3. Support the "Covering Kids" Program--Enabling Services--Pregnant women, mothers, infants, and children, including CYSHCN

Wisconsin "Covering Kids and Families" Program continues to support for coalitions to increase outreach for uninsured children and families and enroll them into health insurance programs, such as BadgerCare. However with increase in health insurance coverage, the Covering Kid program will need to refocus on access and health disparities.

c. Plan for the Coming Year

Due to findings of the state MCH needs assessment and that all children in Wisconsin have access to health insurance, this measure is being retired for 2011.

State Performance Measure 7: *Percent of women who use tobacco during pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	15	14.5	14	13.5	13.5
Annual Indicator	13.4	14.9	14.9	14.1	14.1
Numerator	9503	10715	10843	10133	10133
Denominator	70719	72114	72560	71694	71694
Data Source				WI DHS/OHI 2010.	WI DHS/OHI 2010.
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	13.5	13	13	13	

Notes - 2009
Data issue: 2009 data will not be available from the Office of Health Informatics 2011.

Notes - 2007
Data issue: Data for 2007 will not be available from the Bureau of Health Information and Policy until 2009.

a. Last Year's Accomplishments
1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers and infants

The Title V Program funded 41 LHDs totaling 65 objectives addressing a variety of perinatal-related issues.

As reported in 2009 in SPHERE 31.2% of women receiving prenatal services through Medicaid and MCH programs smoked during pregnancy. 77% of the women who reported smoking during pregnancy also reported decreased smoking by the end of pregnancy. In 2008, birth certificate data indicated 14.1% of Wisconsin women smoked during pregnancy, a decrease of .8% from 2007. Additionally, Wisconsin PRAMS data for 2007-08 reports that 54% women who said "yes" they smoked in the past 2 years also indicated that they smoked in the last 3 months of pregnancy.

2. First Breath--Enabling Services--Pregnant women, mothers and infants

The Title V Program continued its First Breath Prenatal Smoking Cessation Program partnership with the Wisconsin Women's Health Foundation (WWHF). First Breath is a program that helps pregnant women in WI quit smoking by integrating cessation strategies into existing prenatal services including those provided by public health and private healthcare. In 2009 1,386 women enrolled in the First Breath Program. Between 2006 and 2009 there was a 71% increase in African American participants in the First Breath Program; a result of concentrated expansion and continued support and technical assistance to sites in Southeastern Wisconsin. A prenatal quit rate of 36% exceeded the program goal of 25%. 76% of the program's participants were Medicaid recipients in 2009.

3. Prenatal Care Coordination--Enabling Services--Pregnant women, mothers and infants

The Medicaid PNCC and MCH-funded prenatal care coordination programs provided services to approximately 12,000 eligible women. Assistance with smoking cessation is an expected service of PNCC. The WWHF has provided education and training for PNCC providers to implement the strength-based First Breath program.

4. Preconception Services--Enabling Services--Pregnant women, mothers and infants

The Infant Death Center of Wisconsin (IDCW) collaborated with the ABC's for Healthy Families social marketing project in Milwaukee to disseminate preconception materials with messages on tobacco use surrounding pregnancy. Additionally the IDCW worked with the Healthy Native Babies Consortium on bringing preconception messages to native women, including tobacco use. The WAPC preconception committee worked on additional materials for providers and consumers addressing the preconception health of both women and men. These materials include information on smoking cessation.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Title V Funded Perinatal Services		X		
2. First Breath		X		
3. Prenatal Care Coordination		X		
4. Preconception Services		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Title V Funded Perinatal Services--Enabling Services--Pregnant women, mothers and infants

The Title V program is funding 40 LHDs totaling 48 objectives addressing a variety of perinatal-related issues.

2. First Breath--Enabling Services--Pregnant women, mothers and infants

For CY 2010, 106 First Breath sites are participating in the program and 416 women have been enrolled. First Breath participants continue to be predominately of non-Hispanic white race, low income and low education level.

3. Prenatal Care Coordination--Enabling Services--Pregnant women, mothers and infants

Medicaid PNCC and MCH-funded Perinatal Care Coordination continue to receive training and technical assistance from the WWHF First Breath staff to support the strength based program to women during pregnancy and postpartum. Great Beginnings Start before Birth curriculum is being offered in July.

4. Preconception Services--Enabling Services--Pregnant women, mothers and infants

The WAPC preconception committee introduced an algorithm for preconception care outlining the steps for providers to take in providing preconception care for women. Additionally a fact sheet on the preconception health for men was developed for consumers.

c. Plan for the Coming Year

Smoking during pregnancy will continue as a National Performance Measure, but has been retired as a State Performance Measure.

State Performance Measure 8: *Percent of children, ages 2-4, who are obese or overweight at or above the 95th percentile.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	12	12.1	11.8	11.6	12.5
Annual Indicator	12.9	13.0	13.1	13.6	13.7
Numerator	6648	6717	6764	7599	8258
Denominator	51410	51667	51636	55875	60280
Data Source				CDC PedNSS 2009.	CDC PedNSS 2010
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	12.4	12.3	12.2	12.1	

Notes - 2008
Source: 2008 Pediatric Nutrition Suverillance System (PedNSS), Centers for Disease Control and Prevention.

Notes - 2007
Source: 2007 Pediatric Nutrition Surveillance System (PedNSS), Centers for Disease Control and Prevention.

a. Last Year's Accomplishments
1. Increased Knowledge of Healthy Behaviors--Enabling Services--Children over the age of 2, including CYSHCN and their families

Through performance based contracting, 10 LHDs created environments that promote breastfeeding, healthy eating, physical activity and a healthy weight in all sectors. The activities are linked to Healthiest Wisconsin 2010 and the Nutrition and Physical Activity State.

2. Community Campaigns--Population-Based Services--Children over the age of 2, including CYSHCN and their families

Through the performance-based contracting system, LHDs promoted nutrition and physical activity in their community. These include a Fun Walk/Run, Safe Routes to School, Turn off TV Week, and Healthy Community Award. The Healthy Community Award was presented to 12 community-based youth-serving organizations in one county. 506 children participated in TV Turn Off week in one county. 100 people participated in a Fun Run/Walk in one rural county. Another LHD sponsored a safe walking awareness campaign for students reaching 256 families, 48 school faculty and 21 PTA members.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CYSHCN and their families

Through performance-based contracting, LHDs improved the nutrition and physical activity environment and strengthened their infrastructure. Strategies included: walkability/bikeability surveys, childcare environment assessments, Safe Routes to School, school wellness, assessment of breastfeeding services, worksite wellness, farmers markets, Got Dirt? Garden Initiative and childcare curriculum. Several of the LHDs reported writing and submitting grants for other funding to support their activities.

4. Nutrition and Physical Activity Coalitions--Population-Based Services--Children over the age of 2, including CYSHCN and their families

Partnerships are vital to preventing obesity. There are 38 local coalitions focused on nutrition, physical activity & obesity prevention. These coalitions have continued to foster collaborations between multiple organizations in their community to address childhood obesity through education, environmental, systems and policy change strategies.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Increase Knowledge of Healthy Behaviors		X		
2. Community Campaigns			X	
3. Needs Assessments and Plans				X
4. Nutrition and Physical Activity Coalitions				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Increased Knowledge of Healthy Behaviors--Enabling Services--Children over the age of 2, including CYSHCN and their families

Through the performance-based contracting system, 17 LHDs are creating environments that promote healthy eating, physical activity and health weight in all sectors. These activities will be linked to the Healthiest Wisconsin 2010 and the Wisconsin Nutrition and Physical Activity State Plan to prevent obesity and related chronic diseases.

2. Community Campaigns, Environment and Policy Change--Population-Based Services--Children over the age of 2, including CYSHCN and their families

LHDs are promoting nutrition and physical activity in their community. These include: campaigns such as Safe Routes to School, TV Turn Off Week, Walk Around the World Month, healthy menus, Community Awards and media campaigns.

3. Needs Assessments and Plans--Infrastructure Building Services--Children over the age of 2, including CYSHCN and their families

LHDs are improving the nutrition and physical activity environment and building the infrastructure through coalition assessment, worksite assessment, and sustainability planning.

4. Nutrition and Physical Activity Coalitions - Collaboration and Partnerships--Infrastructure Building Services--Children over the age of 2, including CYSHCN and their families

Partnerships are vital to preventing obesity. There are ~46 local coalitions who will focus on obesity, improving nutrition and increasing physical activity.

c. Plan for the Coming Year

This measure is being retired as a state performance measure for the MCH Block Grant. The Nutrition and Physical Activity Section has been very successful at identifying other fund sources

to build infrastructure and expand programs. The MCH program will continue to collaborate with programs to prevention childhood obesity.

State Performance Measure 9: *Ratio of the black infant mortality rate to the white infant mortality rate.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	2.4	3.7	2.9	2.9	2.7
Annual Indicator	2.7	3.5	2.7	2.4	2.4
Numerator	15	17.2	14.5	13.8	13.8
Denominator	5.6	4.9	5.3	5.8	5.8
Data Source				WI DHS/OHI 2010.	WI DHS/OHI 2010.
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	2.7	2.7	2.6	2.6	

Notes - 2009
Data issue: Data for 2009 will not be available from the Office of Health Informatics until 2011.

Notes - 2007
Data issue: Data for 2007 will not be available from the Bureau of Health Information and Policy until 2009.

a. Last Year's Accomplishments
1. Communication and Outreach--Population-Based Services--Pregnant women, mothers, and infants

The Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes finalized its recommendations and produced the report, "A Response to the Crisis of Infant Mortality in Wisconsin" in July 2009. This has been posted on the department's web site and disseminated to the DHS Secretary and other interested parties (http://dhs.wisconsin.gov/healthybirths/advisory.htm)

The implementation of ABCs for Healthy Families, funded through the HRSA First Time Motherhood/New Parents Initiative continues.

Highlights:
ABCs for Healthy Families launched its Journey of a Lifetime Campaign in October, 2009, with the DHS Secretary, including television, radio, and print media coverage. Our ad agency, Knupp & Watson & Wallman, received an ADDY? award for the campaign.

In December we submitted an editorial on tips for reducing holiday stress. The story ran in our local paper.

We have conducted numerous presentations and trainings, highlighting the life-course perspective as a meaningful approach for reducing African American infant mortality, including federal level (MCHB and Partnership); state level (e.g., Healthy Baby summit, WIC, First Breath prenatal tobacco cessation; Medicaid prenatal care coordinators); and local level (e.g., Healthy Start, Baby Expos, health departments, and social service agencies).

Web sites created and related include the following:

• Department of Health Services for ABCs for Healthy Families and Journey of a Lifetime (http://dhs.wisconsin.gov/healthybirths/abcsfamilies.htm)
• Jump at the Sun Consultants, LLC: (http://jumpatthesunllc.com/abcs.html) for ABCs for Healthy Families and (http://jumpatthesunllc.com/JOALT.html) for Journey of a Lifetime (where you can view news articles and email announcements)
• MySpace: (http://www.myspace.com/journeyofalifetime)
• Facebook: (http://www.facebook.com/abcsforhealthyfamilies?ref=ts)

Text messaging: Text "Nostress" to 32075 for helpful tips on how to deal with stress in healthier ways

We were one of the first states to sign an MOU with text4baby and are very excited to be working with the National Healthy Mothers Healthy Babies Coalition. Text4baby is promoted through our, print materials, and through our own "NoStress" texting program.

Our texting program and text4baby were promoted at all of our speaking engagements, by our street outreach team and will soon be promoted through co-branding on our posters. Additionally an email alert was sent to over 1,000 individuals on our list serve and also a press release was issued to the media on the partnership of Journey of a Lifetime with text4baby.

2. Evidence Based Practices--Enabling Services--Pregnant women, mothers, and infants

Dissemination of recommendations from Evidence-based Practices workgroup has begun through the Medicaid/HMO program medical home pilot, pay-for-performance and high quality medical care for Medicaid women, and creation of a high-risk registry.

We continued to provide technical assistance on reducing fetal and infant deaths, through the home visiting program at the City of Racine Health Department.

3. Data Monitoring and Evaluation--Infrastructure Building Services--Pregnant women, mothers, and infants

Data workgroup outlined the final indicators for monitoring and tracking in its recommendations. Work continues with Madison/Dane Co. Pubic Health Dept and the UW on the study of the 5-year improvements in African American infant mortality, and the recent increase in 2008 deaths.

4. Policy and Funding--Infrastructure Building Services--Pregnant women, mothers, and infants

Collaboration continued with the Kellogg-funded PEDIM through the travel core team and expanded team, including efforts to join with the ongoing fatherhood initiative in Milwaukee.

Chief Medical Officer and Deputy Director of SERO are official members of the Steering Committee of the UW Partnership Program for the Lifecourse Initiative for Healthy Families (LIHF) on reducing disparities in birth outcomes and Title V managers and staff provided technical assistance and guidance.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Communication and Outreach			X	
2. Evidence Based Practices		X		
3. Data Monitoring and Evaluation				X
4. Policy and Funding				X
5.				

6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Communication & Outreach--PBS--Pregnant women, mothers, & infants

As part of Black History Month, stories submitted to papers in Racine & Milw. markets promoting healthy pregnancies. 2nd round of media, editorials for Mothers' and Fathers' Day ran. Hold joint Tech. & Community Adv. Bd meeting with Statewide Adv. Comm. on Eliminating Racial & Ethnic Disparities in Birth Outcomes. Dr. Fleda Mask Jackson is guest speaker. Appear on local radio programs with WIC to promote campaign, breastfeeding, & good nutrition. Faith-based coalition (20 churches) promote campaign & ed. sessions. New round of mother & father support circles underway in Milw. & Racine; intercept interviews & new round of surveys to be conducted in June & July.

2. Evidence Based Practices (EBP)--ES--Pregnant women, mothers, & infants

EBP Workgroup shares info with MA/HMO Program MH pilot, Pay-For-Performance & High Quality Medical Care for MA women, & creation of high-risk registry. Continue TA to home visiting program at City of Racine LHD reducing fetal & infant deaths

3. Data Monitoring & Evaluation--IBS--Pregnant women, mothers, & infants

Work with Madison/Dane LHD & UW on study in African American infant mortality & 2008 increase in deaths

4. Policy & Funding--IBS--Pregnant women, mothers, & infants

Collaborate with Kellogg-funded PEDIM to join Milw. fatherhood initiative. CMO & SERO Deputy Director are members of UW Partnership Program Steering Comm. of Lifecourse Initiative for Healthy Families (LIHF).

c. Plan for the Coming Year

This state performance measure will be retired, since it is a duplicate of an outcome measure. However, eliminating the disparity between white and black infant deaths remains a priority for Wisconsin's Title V program. Through the advocacy of Title V, eliminating this disparity has become a Department of Health Services performance measure, a new focus for the home visiting services through the new Department of Children and Families, and an objective for the entire state, through 'Healthiest Wisconsin 2020'. It is our intention to continue and expand the scope of our activities while any disparity remains.

State Performance Measure 10: *Death rate per 100,000 among youth, ages 15-19, due to motor vehicle crashes.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	20.5	20.5	20	20	22
Annual Indicator	25.7	24.5	23.1	17.0	17.0
Numerator	105	99	93	68	68

Denominator	409101	404777	402172	401148	401148
Data Source				WI DHS/OHI 2010.	WI DHS/OHI 2010.
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	22	22	22	22	

Notes - 2009
Data issue: Data for 2009 will not be available from the Office of Health Informatics until 2011.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Divsion of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH), http:// dhfs.wisconsin.gov/wish/Mortality Module, accessed 04/16/2009.

a. Last Year's Accomplishments
1. Educational Activities--Enabling Services--Adolescents

In order to decrease the incidence of deaths due to motor vehicle crashes, education continued with our many partners including local and state.

2. Legislation and Policy Changes--Population-Based Services--Adolescents

Enactment and enforcement continues to be a strong method of impacting this performance measure and ongoing evaluation of the most recent policies continued in conjunction with academic and advocacy partners.

3. Local Needs Assessments--Infrastructure Building Services--Adolescents

Staff continued to work with local agencies to obtain county-specific data and technical support. The Injury and Violence Prevention Program and the Department of Transportation worked to make motor vehicle crash data more accessible to agencies and the general public. Local Child Death Review teams were encouraged to enter data into the national CDR data system to increase our data sources as well.

4. Child Death Review (CDR)--Infrastructure Building Services--Adolescents

Promotion and support of local CDR teams continued including providing assistance with utilizing the national data base to collect local data, providing technical assistance and training on utilizing CDR data for prevention and identifying evidence-based prevention strategies including those related to teen driving.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Educational Activities		X		
2. Legislation			X	
3. Local Needs Assessments				X
4. Injury Coordinating Committee (ICC)				X
5.				
6.				
7.				
8.				

9.				
10.				

b. Current Activities

1. Educational Activities--Enabling Services--Adolescents

In order to decrease the incidence of deaths due to motor vehicle crashes, education is continuing with our many partners including local and state.

2. Legislation and Policy Changes--Population-Based Services--Adolescents

Enactment and enforcement continues to be a strong method of impacting this performance measure and ongoing evaluation of the most recent policies will be done in Wisconsin in conjunction with academic and advocacy partners. Further, the Injury and Violence Prevention Program is working closely with the DOT to highlight policy best practices in both agencies strategic plans.

3. Local Needs Assessments--Infrastructure Building Services--Adolescents

Staff continues to work with local agencies to obtain county-specific data and technical support. The Injury and Violence Prevention Program and DOT continue to make motor vehicle crash data more accessible to agencies and the general public. We are encouraging more local CDR teams to enter data into the national CDR data system to increase our data sources as well.

4. Child Death Review (CDR)--Infrastructure Building Services--Adolescents

Promotion and support of local CDR teams is ongoing including providing assistance with utilizing the national data base to collect local data, providing technical assistance and training on utilizing CDR data for prevention and identifying evidence-based prevention strategies including those related to teen driving.

c. Plan for the Coming Year

This measure is being retired based on findings of the Needs Assessment. The Injury & Violence Prevention Program has included this focus n their state strategic plan and will continue collaborative efforts with the Department of Transportation.

E. Health Status Indicators

Introduction

2009 data are required by the TVIS for the Health Status Indicators (HSIs), forms 20 and 21 for the 2011 Title V Block Grant Application; however, for the majority of these indicators (with the exception of program data for chlamydia [#05A and #05B], 2009 data are not available. Therefore, we used the most recent available data (in most cases, 2008 data) as estimates for 2009 and so indicated in a data note.

Health Status Indicators 01A: *The percent of live births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	7.0	6.8	7.0	7.0	7.0
Numerator	4992	4994	5089	5051	5051

Denominator	70934	73202	72757	72002	72002
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Data issue: 2009 data will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Data issue: 2008 data will not be available from the Bureau of Health Information and Policy until 2010.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query sytem, http://dhfs.wisconsin.gov/wish/, Birth Counts Module, accessed 4/09/2009.

Narrative:
Compared with the overall incidence of low birthweight in 2008 (7.0%), higher percentages of low-birthweight infants were born to a) Mothers who received no prenatal care (24.2%); b) Non-Hispanic black/African American women (13.0%); c) Women who smoked during pregnancy (10.9%); d) Mothers less than 15 years old (13.2%); e) Women who were unmarried (9.4%); and f) Women with less than a high school education (8.6%).

In 2008, 10.1% of the infants born to mothers less than 18 years of age were low birthweight, weighing less than 2,500 grams (5.5 pounds) compared with 6.9% among mothers age 18 or older. 42% of premature infants were of low birthweight. Twins or other multiple births made up 25.2 % of all low-birthweight births in 2008. In the three year period 2006-2008, 13.3% of black/African American infants and 6.2% of white infants weighed less than 2,500 grams (5.5 lbs) at birth. The disparity ratio was 2.1, meaning that black/African American infants were born at low birthweight twice as frequently as white infants during the 2006-2008 period. This disparity has lessened since 1990-1992 (from 2.6 to 2.1), not because the black/African American low birthweight rate has improved but because the white low birthweight rate has increased. Low birthweight is a significant factor in the disparities in infant mortality rates for blacks in Wisconsin. Wisconsin has identified multiple initiatives to address this issue, see Section III.A. State Overview 'Eliminating Racial and Ethnic Disparities' for more information. DHS has identified low birthweight as an executive performance measure. See HSCI #05 for more information.

Health Status Indicators 01B: *The percent of live singleton births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	5.4	5.4	5.5	5.4	5.4
Numerator	3699	3754	3859	3779	3779
Denominator	68655	70045	70499	69715	69715
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last					

year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Data issue: 2009 data will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Data issue: 2008 data will not be available from the Bureau of Health Information and Policy until 2010.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query sytem, http://dhfs.wisconsin.gov/wish/, Birth Counts Module, accessed 4/09/2009.

Narrative:
In 2008, 10.1% of the infants born to mothers less than 18 years of age were low birthweight, weighing less than 2,500 grams (5.5 pounds) compared with 6.9% among mothers age 18 or older. 42% of premature infants were of low birthweight. Twins or other multiple births made up 25.2 % of all low-birthweight births in 2008. See HSI #01A.

Health Status Indicators 02A: *The percent of live births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	1.3	1.2	1.2	1.2	1.2
Numerator	925	914	870	898	898
Denominator	70934	73202	72757	72002	72002
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Data issue: 2009 data will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Data issue: 2008 data will not be available from the Bureau of Health Information and Policy until 2010.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query sytem, http://dhfs.wisconsin.gov/wish/, Birth Counts Module, accessed 4/09/2009.

Narrative:

In 2008, the percentage of very low birthweight infants in Wisconsin weighing less than 1,500 grams (3.3 pounds) was 1.2% among all births, and 1.0% of births to whites, 2.8% of births to blacks/African American, and 1.8% of births to American Indians, 1.3% of births to Hispanics/Latinas, and 1.0% of births to Laotians of Hmong. Infants born at these weights are at the highest risk of dying or experiencing other poor health outcomes.

In 2006-2008, black/African American infants were nearly three times as likely to be born at very low birthweight as were white infants. The magnitude of disparity in very low birthweight has changed little since 1990-1992. Very low birthweight is a significant factor in the disparities in infant mortality rates for blacks in Wisconsin. Wisconsin has identified multiple initiatives to address this issue, see Section III.A. State Overview 'Eliminating Racial and Ethnic Disparities' for more information. DHS has identified low birthweight as an executive performance measure. See HSCI #05 for more information.

Health Status Indicators 02B: *The percent of live singleton births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	1.0	1.0	0.9	0.9	0.9
Numerator	661	683	653	646	646
Denominator	68655	70045	70499	69715	69715
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Data issue: 2009 data will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Data issue: 2008 data will not be available from the Bureau of Health Information and Policy until 2010.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query sytem, http://dhfs.wisconsin.gov/wish/, Birth Counts Module, accessed 4/09/2009.

Narrative:
In 2008, the percentage of very low birthweight infants in Wisconsin weighing less than 1,500 grams (3.3 pounds) was 1.2% among all births, and 1.0% of births to whites, 2.8% of births to blacks/African American, and 1.8% of births to American Indians, 1.3% of births to Hispanics/Latinas, and 1.0% of births to Laotians of Hmong. Infants born at these weights are at the highest risk of dying or experiencing other poor health outcomes. See HSI #02A.

Health Status Indicators 03A: *The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	9.7	7.4	9.5	7.7	7.7
Numerator	103	80	103	84	84
Denominator	1062878	1078955	1086602	1086686	1086686
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Data issue: 2009 data will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Data issue: 2008 data will not be available from the Bureau of Health Information and Policy until 2010.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhfs.wisconsin.gov/wish/, Injury Mortality Module, accessed 4/10/2009.

Narrative:
In 2008, the death rate of unintentional injury among children 14 years of age and younger was 7.7 per 100,000 persons. This is lower than the rate for 2007; however, over the past five years the rate has fluctuated slightly each year and the average rate from 2004-2008 was 8.3 per 100,000 persons. Leading cause of death in this category was suffocation (n=27), followed by motor vehicle-related traffic crashes (n=22) and drowning (n=13).

Health Status Indicators 03B: *The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	2.8	1.8	2.5	2.0	2.0
Numerator	30	19	27	22	22
Denominator	1062878	1078955	1086602	1086686	1086686
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009

Data issue: 2009 data will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Data issue: 2008 data will not be available from the Bureau of Health Information and Policy until 2010.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query sytem, http://dhfs.wisconsin.gov/wish/,Injury Mortality Module, accessed 4/10/2009.

Narrative:
Rate of unintentional deaths from motor vehicle crashes among children ages 14 years and younger was 2.0 per 100,000 in 2008. This is a decrease from 2007, and a decrease over the past five years.

Health Status Indicators 03C: *The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	26.3	25.7	24.9	17.9	17.9
Numerator	216	209	199	143	143
Denominator	820561	812433	797824	796972	796972
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Data issue: 2009 data will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Data issue: 2008 data will not be available from the Bureau of Health Information and Policy until 2010.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhfs.wisconsin.gov/wish/, Injury Mortality Module, accessed 4/10/2009.

Narrative:
In 2008, rate of death due to motor vehicle crashes in youths ages 15 to 24 years was 17.9 per 100,000. This is a significant decrease from rates in the past five years.

Health Status Indicators 04A: *The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	293.3	256.1	254.7	240.4	240.4
Numerator	3148	2763	2768	2612	2612
Denominator	1073253	1078955	1086602	1086686	1086686
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Data issue: 2009 data will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Data issue: 2008 data will not be available from the Bureau of Health Information and Policy until 2010.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query sytem, http://dhfs.wisconsin.gov/wish/, Injury Hospitlization Module, accessed 4/10/2009.

Narrative:
In 2008, the rate of all nonfatal injuries among children ages 14 years and younger was 240.47 per 100,000 persons. This is slightly lower than 2007 data. The leading causes of these nonfatal injuries were falls and poisoning.

Health Status Indicators 04B: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	26.0	23.2	21.3	17.5	17.5
Numerator	276	250	231	190	190
Denominator	1062878	1078955	1086602	1086686	1086686
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Data issue: 2009 data will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Data issue: 2008 data will not be available from the Bureau of Health Information and Policy until 2010.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query sytem, http://dhfs.wisconsin.gov/wish/, Injury Hospitlization Module, accessed 4/10/2009.

Narrative:
In 2008, the rate per 100,000 population of nonfatal injuries due to motor vehicle crashes among children ages 14 years and younger was 17.5 a decrease from 2006, and over the past five years.

Health Status Indicators 04C: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	146.7	149.3	149.8	120.1	120.1
Numerator	1204	1213	1195	957	957
Denominator	820561	812433	797824	796972	796972
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Data issue: 2009 data will not be available from the Office of Health Informatics until 2011.

Notes - 2008
Data issue: Data for 2008 will not be available from the Bureau of Health Information andPolicy until 2010.

Notes - 2007
Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query sytem, http://dhfs.wisconsin.gov/wish/, Injury Hospitlization Module, accessed 4/10/2009.

Narrative:
In 2008, the rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth ages 15-24 years was 120.1. This represents a decrease from 2007, and a decrease over the past five years.

Health Status Indicators 05A: *The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	28.0	28.2	28.6	29.9	28.9
Numerator	5584	5539	5621	5839	5627
Denominator	199603	196451	196451	195033	194749
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Source: Numerator: Wisconsin Department of Health and Famly Services, Division of Public Health, Wisconsin STD Program, 2010.
Denominator: Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query sytem, http://dhfs.wisconsin.gov/wish/, Population Module, accessed 05/4/10.

Notes - 2008
Source: Numerator: Wisconsin Department of Health and Famly Services, Division of Public Health, Wisconsin STD Program, 2009.
Denominator: Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query sytem, http://dhfs.wisconsin.gov/wish/, Population Module, accessed 02/4/2009.

Notes - 2007
Source: Numerator: Wisconsin Department of Health and Famly Services, Division of Public Health, Wisconsin STD Program, 2008.
Denominator: Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query sytem, http://dhfs.wisconsin.gov/wish/, Population Module, accessed 02/4/2008.

Narrative:
5,627 women 15-19 years of age reported with chlamydia (rate of 28.9 per 1,000 women using 2008 population estimate; 5,627/194,749)

The age specific rates of reported chlamydia infection among women in WI is an indirect measure of screening activity as well as the prevalence of chlamydia infection in this population. The rate for 15-19 year old women in WI in 2009 decreased slightly from 2008 to 28.9 and stayed the same for 20-44 year old women at 9.6. However, these rates must be discussed in the context of the volume of screening in the state from one year to the next.

Approximately 20-25% of the positives identified in these age groups of women were tested through the Wisconsin State Laboratory of Hygiene (WSLH) (3,253 positive tests results reported from the WSLH/14,559 total positives reported statewide in these age groups).

The overall volume of testing at the WSLH has steadily increased from 2004-2009. However, among 15-19 year old women, 12,602 tests were performed in this age group in 2009 (1,384 positives reported; 11% positivity) compared to 13,733 tests performed in 2008 (1,427 positives reported; 10.4% positivity). The positivity among 20-44 year old women was approximately half that found among 15-19 year old women (5% in 2009; 1,869 positives of 34,707 tests performed at the WSLH and 5.4% in 2008; 1,744 positives of 32,386 tests performed at the WSLH).

Risk factors associated with chlamydia infection have been identified through prevalence evaluations for women in all age groups and have been incorporated into population specific selective screening criteria. Public health efforts are directed at maintaining, monitoring and evaluating screening programs for women in STD and Family Planning clinics, Corrections (including women in juvenile detention), school based clinics and University Health Centers.

Over 3,600 positive test results were from tests performed at community-based clinics within the WI Family Planning/Reproductive Health Program, as part of the Region V Infertility Prevention Program. The FP/RH Program contributes significantly to the WIs Chlamydia Testing and Treatment Program.

The MCH FP/RSH/EI Program will update guidelines and standards of practice in 2010 establishing a quality of practice standard for all patients to receive a risk assessment (using evidence based risk criteria) and patient selection for testing based on risk assessment results. An audit to establish the percentage of patients testing positive who are treated at clinics is planned for 2010. Guidelines have been established requiring post treatment re-testing within 3-6 months to detect re-infection. Coordinated patient-partner treatment is essential to prevent re-infection. Expedited Partner Therapy will be implemented in 2010 as an additional resource for partner treatment. Coverage for STD services for males was added to WIs Medicaid Family Planning Waiver in May, 2010. This is another resource to facilitate partner treatment.

Health Status Indicators 05B: *The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	9.1	7.4	7.4	9.6	9.6
Numerator	8799	8703	8609	8991	8932
Denominator	962803	1169835	1169835	933425	927050
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Source: Numerator: Wisconsin Department of Health and Famly Services, Division of Public Health, Wisconsin STD Program, 2010.
Denominator: Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query sytem, http://dhfs.wisconsin.gov/wish/, Population Module, accessed 05/4/10.

Notes - 2008
Source: Numerator: Wisconsin Department of Health Services, Division of Public Health, Wisconsin STD Program, 2009.
Denominator: Source: Wisconsin Department of Health Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query sytem, http://dhfs.wisconsin.gov/wish/, Population Module, accessed 02/4/2009.

Notes - 2007

Source: Numerator: Wisconsin Department of Health and Famly Services, Division of Public Health, Wisconsin STD Program, 2008.
Denominator: Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query sytem, http://dhfs.wisconsin.gov/wish/, Population Module, accessed 02/4/2008.

Narrative:
8,932 women 20-44 years of age reported with chlamydia (rate of 9.6 per 1,000 women using 2008 population estimate; 8,932/927,050).

See HSI #05A.

Health Status Indicators 06A: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

HSI #06A - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	72549	60962	6445	965	1904	39	2234	0
Children 1 through 4	292769	241428	27281	5139	9051	234	9636	0
Children 5 through 9	356112	297675	31488	5211	10505	253	10980	0
Children 10 through 14	365300	308973	31778	4263	10986	199	9101	0
Children 15 through 19	401148	343952	34492	5059	10353	206	7086	0
Children 20 through 24	395823	348027	28494	4706	9182	173	5241	0
Children 0 through 24	1883701	1601017	159978	25343	51981	1104	44278	0

Notes - 2011

Narrative:
Of the 1,883,701 Wisconsin residents under 25 years of age, 85% are white, 8.5% are African American, 7% are Hispanic/Latina, 1.3% is American Indian, 2.3% are Asian, .06% are Native Hawaiian, and 2.4% are multiracial. The fastest growing ethnic group in Wisconsin is Hispanic/Latino. Although 7% of the total population under 25 is Hispanic/Latina, 9.7% of infants less than one year of age are in this age group.

Health Status Indicators 06B: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and Hispanic ethnicity. (Demographics)*

HSI #06B - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**

Infants 0 to 1	65129	7419	0
Children 1 through 4	262490	30278	0
Children 5 through 9	324489	31583	0
Children 10 through 14	339195	26103	0
Children 15 through 19	378328	14341	0
Children 20 through 24	373775	22820	0
Children 0 through 24	1743406	132544	0

Notes - 2011

Narrative:
Ninety-two percent (1,743,406) of Wisconsin residents under 25 years of age are not Hispanic or Latina.

Health Status Indicators 07A: *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

HSI #07A - Demographics (Total live births)

CATEGORY Total live births	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Women < 15	76	33	39	3	1	0	0	0
Women 15 through 17	1792	1018	583	98	75	9	0	9
Women 18 through 19	4228	2879	998	155	166	30	0	0
Women 20 through 34	56592	48136	5244	898	1509	769	0	36
Women 35 or older	9314	8273	486	96	326	103	0	30
Women of all ages	72002	60339	7350	1250	2077	911	0	75

Notes - 2011

Narrative:
In Wisconsin, in 2008, there were 72,002 live births that occurred to Wisconsin residents. (Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, 2010). Overall, 83.8% of births were white infants, followed by 10.2% of black infants, 2.9% of Asian infants, 1.7% of American Indian infants, 2.9% Asian, and 1.3% Native Hawaiian (.1% were of other/unknown race). 8.4% were of infants were born to women under 20 years of age, 78.5% to women 20--34 years of age, and 13% to women 35 and older. By race/ethnicity, African American teens had the highest percentage of births at 22%, followed by American Indians at 20.5%, 14.5% for Hispanic/Latina, and Asian at 11.7%.

Health Status Indicators 07B: *Live births to women (of all ages) enumerated by maternal age and Hispanic ethnicity. (Demographics)*

HSI #07B - Demographics (Total live births)

CATEGORY	**Total NOT Hispanic or**	**Total Hispanic or**	**Ethnicity Not**

Total live births	**Latino**	**Latino**	**Reported**
Women < 15	57	19	0
Women 15 through 17	1410	373	0
Women 18 through 19	3610	627	0
Women 20 through 34	51261	5331	0
Women 35 or older	8639	675	0
Women of all ages	64977	7025	0

Notes - 2011

Narrative:
Of the 72,002 live births to Wisconsin residents in 2008, 90.2% (64,977) were not Hispanic/Latina infants and 9.8% were Hispanic/Latina. 78.8% of non-Hispanic births were to women 20--34 years of age, and 7.8% to teens.

Health Status Indicators 08A: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

HSI #08A - Demographics (Total deaths)

CATEGORY Total deaths	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	507	363	110	12	9	6	6	1
Children 1 through 4	77	67	8	1	1	0	0	0
Children 5 through 9	55	43	9	0	2	1	0	0
Children 10 through 14	48	36	7	1	3	1	0	0
Children 15 through 19	202	174	18	4	4	0	2	0
Children 20 through 24	283	235	36	9	2	1	0	0
Children 0 through 24	1172	918	188	27	21	9	8	1

Notes - 2011

Narrative:
1,172 children and young adults died in Wisconsin in 2008; these deaths represented 2.5% of all deaths in Wisconsin. 43.3% were under one year of age, 6.6% were 1--4, 4.7% were 5--9, 4.1% to 10--14, 17.2% to 15--19, 24.1% to 20--24. Of the 507 infant deaths in 2008, 71.6% (363) were white infants and 21% (110) were Black infants; however the infant mortality rate per thousand live births for white infants was 5.9 compared to 13.8 for Black infants. Furthermore, of the 188 African American deaths, 58.5% (110) were infants, 39.5% (363) white deaths were to infants.

Health Status Indicators 08B: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and Hispanic ethnicity. (Demographics)*

HSI #08B - Demographics (Total deaths)

CATEGORY Total deaths	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	446	55	0
Children 1 through 4	66	11	0
Children 5 through 9	50	5	0
Children 10 through 14	46	2	0
Children 15 through 19	189	11	0
Children 20 through 24	262	21	0
Children 0 through 24	1059	105	0

Notes - 2011

Narrative:
105 Hispanic children died during 2008, representing 8.5% of the total deaths; 52.4% (55) of them were infants.

Health Status Indicators 09A: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

HSI #09A - Demographics (Miscellaneous Data)

CATEGORY Misc Data BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**	**Specific Reporting Year**
All children 0 through 19	1487834	1252990	131444	20636	42798	930	39036	0	2008
Percent in household headed by single parent	13.9	25.3	52.8	2.1	2.9	0.0	22.3	0.0	2007
Percent in TANF (Grant) families	2.9	27.3	54.9	2.1	2.6	0.1	1.0	0.0	2006
Number enrolled in Medicaid	431914	184140	88198	8318	15461	468	9437	125892	2009
Number enrolled in SCHIP	93672	62819	5456	975	3116	96	1718	19492	2009
Number living in foster home care	6545	3392	2563	308	89	8	0	185	2009
Number enrolled in food stamp program	407737	192055	94848	8882	15440	1004	10571	84937	2009
Number	112797	68141	27630	2405	6339	151	8131	0	2009

enrolled in WIC									
Rate (per 100,000) of juvenile crime arrests	126.0	66.0	734.0	243.0	53.0	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	2.1	1.2	7.6	4.4	1.9	0.0	0.0	0.0	2008

Notes - 2011
Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, April 2010.

Source: American Community Survey, 2007. "More than one race" is Some Other Race, Nat Haw/Other Pac Islander is Not Available. Other/Unknown is Not Available.

Source: Most recent data available. FFY 2006. Tables 1 & 8: Temporary Assistance for Needy Families - Percent Distribution of TANF Households by Number of Persons Living in the Household, and Percent Distribution of TANF Families by Ethnicty/Race. www.acf.hhs.gov/programs/ofa/character/FY2006/tab01, www.acf.hhs.gov/programs/ofa/character/FY2006/tab08, accessed 5/7/10.

Source: Wisconsin Department of Health Services, DSS Data Warehouse, 2010.

Source: Wisconsin Department of Health Services, DSS Data Warehouse, 2010.

Source: Wisconsin Department of Health Services, 2010.

Source: Wisconsin WIC Program's Real-Time Online Statewide Information Environment (ROSIE) for CY 2009. WIC data are for children, ages 0 - 4; these data include Hispanic ethnicity as a race and not as an ethnic classification.

Data issue: For previous years' Title V Maternal and Child Health Services Block Grant Application and Report, the rates were calculated from data provided in reports from the Wisconsin Office of Justice Assistance for the numerators and population estimates from the Wisconsin Department of Health and Family Services, Bureau of Health Information and Policy for the denominators. For the 2011 Application and 2008 Report, the data are from the Wisconsin Office of Justice Assistance with published rates by race (ethnicty is not available). Rates are based on population estimates from the US Census Bureau.
Source: Arrests in Wisconsin, 2008. Wisconsin Office of Justice Assistance. September 2009.

Source: Wisconsin Department of Public Instruction, 2008-2009 School Year.

Source: Wisconsin Department of Children and Families, Division of Safety and Permanency, Bureau of Program Integrity, Research Unit, 2010.

Narrative:
There are limitations to these indicators: they are not consistently reported by age and race/ethnicity across state and federal agencies; they are not defined consistently (number, rates, percentages), and methodologies for their collection and reporting change from year to year and by agency. About 27% of Wisconsin's population is children, ages 0--19. Overall, Wisconsin's

children do well: they have a relatively low high school drop out rate, low rate of juvenile crime arrest, and enrollment numbers for Medicaid/BadgerCare have been increasing. However, when examined by race/ethnicity, there are outstanding disparities; for example, there are almost as many black children in foster care home as white children, even though black children comprise 9% of the children 0--19, while white children account for 85%. Other examples are the rates of juvenile violent crime arrest and percentage of high-school drop outs: children of color have higher rates than whites. Section III State Overview, of the 2011 MCH Title V Block Grant Application describes other significant disparities for Wisconsin's children.

Health Status Indicators 09B: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by Hispanic ethnicity. (Demographics)*

HSI #09B - Demographics (Miscellaneous Data)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**	**Specific Reporting Year**
All children 0 through 19	1369632	118202	0	2008
Percent in household headed by single parent	0.0	8.5	0.0	2007
Percent in TANF (Grant) families	0.0	9.0	0.0	2006
Number enrolled in Medicaid	369629	60675	1610	2009
Number enrolled in SCHIP	83697	10034	13	2009
Number living in foster home care	4846	592	1107	2008
Number enrolled in food stamp program	314355	56811	36571	2009
Number enrolled in WIC	76211	36586	0	2009
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	0.0	4.9	0.0	2008

Notes - 2011

Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, April 2010.

Source: American Community Survey, 2007. "More than one race" is Some Other Race, Nat Haw/Other Pac Islander is Not Available. Other/Unknown is Not Available.

Source: Most recent data available. FFY 2006. Tables 1 & 8: Temporary Assistance for Needy Families - Percent Distribution of TANF Households by Number of Persons Living in the Household, and Percent Distribution of TANF Families by Ethnicty/Race. www.acf.hhs.gov/programs/ofa/character/FY2006/tab01, www.acf.hhs.gov/programs/ofa/character/FY2006/tab08, accessed 5/7/10.

Source: Wisconsin Department of Health Services, DSS Data Warehouse, 2010.

Source: Wisconsin Department of Health Services, DSS Data Warehouse, 2010.

Source: Wisconsin Department of Health Services, 2010.

Source: Wisconsin WIC Program's Real-Time Online Statewide Information Environment (ROSIE) for CY 2009. WIC data are for children, ages 0 - 4; these data include Hispanic ethnicity as a race and not as an ethnic classification.

Data issue: For previous years' Title V Maternal and Child Health Services Block Grant Application and Report, the rates were calculated from data provided in reports from the Wisconsin Office of Justice Assistance for the numerators and population estimates from the Wisconsin Department of Health and Family Services, Bureau of Health Information and Policy for the denominators. For the 2011 Application and 2008 Report, the data are from the Wisconsin Office of Justice Assistance with published rates by race (ethnicty is not available). Rates are based on population estimates from the US Census Bureau.
Source: Arrests in Wisconsin, 2008. Wisconsin Office of Justice Assistance. September 2009.

Data issue: Hispanics may be of any race.
Source: Wisconsin Department of Health Services, 2010.

Source: Wisconsin Department of Children and Families, Division of Safety and Permanency, Bureau of Program Integrity, Research Unit, 2010.

Narrative:
There are limitations to these indicators: they are not consistently reported by age and race/ethnicity across state and federal agencies; they are not defined consistently (number, rates, percentages), and methodologies for their collection and reporting change from year to year and by agency. About 27% of Wisconsin's population is children, ages 0--19. Overall, Wisconsin's children do well: they have a relatively low high school drop out rate, low rate of juvenile crime arrest, and enrollment numbers for Medicaid/BadgerCare have been increasing. However, when examined by race/ethnicity, there are outstanding disparities; for example, there are almost as many black children in foster care home as white children, even though black children comprise 9% of the children 0--19, while white children account for 85%. Other examples are the rates of juvenile violent crime arrest and percentage of high-school drop outs: children of color have higher rates than whites. Section III State Overview, of the 2011 MCH Title V Block Grant Application describes other significant disparities for Wisconsin's children.

Health Status Indicators 10: *Geographic living area for all children aged 0 through 19 years.*

HSI #10 - Demographics (Geographic Living Area)

Geographic Living Area	Total
Living in metropolitan areas	1118947
Living in urban areas	1099830
Living in rural areas	388004
Living in frontier areas	0
Total - all children 0 through 19	1487834

Notes - 2011

Narrative:
In 2008, 1,487,834 children under the age of 20 lived in Wisconsin; they represented about 25% of the state's population. 26.1% lived in rural areas and 74% lived in urban areas.

Health Status Indicators 11: *Percent of the State population at various levels of the federal poverty level.*

HSI #11 - Demographics (Poverty Levels)

Poverty Levels	Total

Total Population	5672297.0
Percent Below: 50% of poverty	3.5
100% of poverty	9.8
200% of poverty	27.6

Notes - 2011

Narrative:
Approximately 5.6 million people lived in Wisconsin in 2008. About 200,000 (3.5%) subsisted at less than 50% of the federal poverty level, more than half a million (9.5%) at 100% FPL, and more than 1.5 million (27.6%) at 200% FPL.

Health Status Indicators 12: *Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.*

HSI #12 - Demographics (Poverty Levels)

Poverty Levels	Total
Children 0 through 19 years old	1487834.0
Percent Below: 50% of poverty	4.6
100% of poverty	12.6
200% of poverty	32.5

Notes - 2011

Narrative:
Of the approximately 1.5 million children under 20 in Wisconsin in 2008, about 68,500 (4.6%) subsisted at less than 50% of the federal poverty level, almost 2 million (12.6%) at 100% FPL, and almost half a million (32.5%) at 200% FPL.

F. Other Program Activities

TEXT4BABY

The WI DPH has signed on as an outreach partner to assist in the promotion of text4baby. A web site is available to promote the campaign to our partners at (http://dhs.wisconsin.gov/dph_bfch/MCH/text4baby.htm). This information has been distributed broadly to MCH local and statewide partners across the state.

MCH HOTLINE

Gundersen Lutheran Medical Center-La Crosse provides services for the Public Health Information and Referral Services for Women, Children and Families (hotline) contract. The contract supports multi-program funded services for three different hotlines that address a variety of MCH issues to include: Prenatal Care Coordination (PNCC), WIC, family planning, women's health, and CYSHCN. One hotline, Wisconsin First Step (WFS), is specifically dedicated to supporting the needs of the Birth to 3 Program, the Regional CYSHCN Centers, and providing information and referral services to individuals, families, or professionals needing to find resources for CYSHCN. In 2009, the MCH Hotline received 7,997 calls, with 3% of the calls requiring Spanish translation, and WFS received 1,810 calls. In addition to the toll-free hotlines, the web site (www.mch-hotlines.org) has become a well-utilized resource with approximately

89,500 hits in 2009. Five regional WFS directories are available on the web site. A searchable database feature was added to the web site in 2003 with a new software program, ReferNet, added in early 2010. This software upgrade will enhance in-house searching capabilities as well as the public web search engine.

NUTRITION PARTNERSHIPS

WIC

WIC Nourishing Special Needs is a collaborative project with WIC, CYSHCN and Birth Defects Prevention programs. The Birth Defects Nutrition Consultant Network (BDNCN) provides nutrition-related education and support to WIC clients and providers at 17 LHDs across the state. A 2008 evaluation of the BDNCN documented the following: 1) WIC registered dietitians were frequently the first to identify the need for assessment, diagnosis and referral for suspected health care problems related to birth defects resulting in a 3 fold increase in referral of children with birth defects to the WI Regional CYSHCN centers; 2) improved communication and collaboration with other local agencies, medical providers/tertiary centers; 3) improved integration of nutritional care with early intervention programs including B-3 and Head Start. The BDNCN has presented these results at national (Birth Defect Prevention Network, WIC Assoc) and state (Public Health Assoc, Dietetic Assoc) conferences. This program currently serves about 15% of WIC clients.

The WI Partnership for Activity and Nutrition (WI PAN) requested a legislative council study on childhood obesity with BCHP and many others providing testimony. The committee recommendations include:1) inclusion of a wellness component in a child care quality rating system, 2) school nutrition standards for foods and beverages available on the school campus, 3) annual physical fitness assessment (FitnessGram) for grades 3-12, and 4) built environments. These served as a framework for WI to successfully compete for the American Reinvestment and Recovery Act funds, Component II, to develop strategies that increase physical activities in schools (http://www.legis.state.wi.us/lc/committees/study/2008/LPOP/index.htm).

In addition WI PAN in collaboration with CYSHCN and many state and childcare organizations is developing the WI Early Childhood Obesity Prevention Initiative to improve nutrition, increase physical activity and decrease obesity among 2-5 year old children in WI. The collaborative, statewide, multi-strategy, evidence-based plan will engage providers, families, community partners, and other stakeholders.

OTHER HEALTH PARTNERSHIPS

The WI Perinatal Depression Task Force lead by MCH and BMHSAS is a collaborative partnership of public health, clinical practitioners, academic partners, and community members. This task force has identified increasing the routine screening of all women for depression during the perinatal period through public health programs and clinical services as a primary focus. In 2009 29% of women receiving services through MCH programs were screened for depression; of those identified as at risk for depression 70% were referred for treatment and services per WI SPHERE. The 2007-2008 WI PRAMS data illustrates that 14% of women report symptoms of depression during the postpartum period.

Of the pregnant and postpartum women served through the WI MCH programs in 2009, 29% reported using alcohol prior to identification of pregnancy or during the postpartum period per SPHERE. The WI Women's Health Foundation's My Baby and Me program has been implemented at 9 pilot sites through the PNCC program. With frequent supportive contacts and incentives this strength-based service has shown a 70% reduction in alcohol use during pregnancy. Project expansion is planned.

G. Technical Assistance

Wisconsin is interested in pulling together and having facilitated meetings with a high level group e.g. Michael Kogan, Laura Cavanaugh, and other national leaders, as well as our leading MCH and CYSHCN experts and thinkers e.g. Angie Rohan and MCH/CYSHCN epidemiologists, Dr. Katcher, Dr. Fleischfresser, Title V Director Linda Hale, MCH Supervisor Terry Kruse, and SSDI Coordinator Loraine Lucinski to brainstorm helping to identify indicators and other evaluation methods the MCH Program can use that will allow the Program to move away from counting individuals to systems outcomes.

Wisconsin is interested in developing a state plan for preconception health. Initial activities will include identifying activities supporting preconception health that have been integrated into existing programs. Potential consultants to assist with the development and implementation of a state plan include Kay Johnson, MPH, Ed.M. with Johnson Group Consulting, Inc. or Alvina Long Valentin, RN, MPH with the North Carolina Division of Public Health.

V. Budget Narrative

Budget and expenditure data from Forms 3, 4, and 5 are provided for the application year, interim year, and reporting year to assist the reviewer in analysis of the budget and expenditure narrative. For complete financial data, refer to all the financial data reported on Forms 2-5, especially when reviewing the federal allocation on Form 2 for the 30%/30%/10% breakdown for the budgets planned for primary and preventive care for children, children with special health care needs, and administrative costs.

Form 3, State MCH Funding Profile

	FY 2009		FY 2010		FY 2011	
	Budgeted	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
1. Federal Allocation *(Line1, Form 2)*	10800119	10823842	10824984		10732515	
2. Unobligated Balance *(Line2, Form 2)*	0	0	0		0	
3. State Funds *(Line3, Form 2)*	8920726	9643376	9469884		9395268	
4. Local MCH Funds *(Line4, Form 2)*	0	0	0		0	
5. Other Funds *(Line5, Form 2)*	0	0	0		0	
6. Program Income *(Line6, Form 2)*	5504165	8521802	7510211		7669622	
7. Subtotal	25225010	28989020	27805079		27797405	
8. Other Federal Funds *(Line10, Form 2)*	117327885	117327855	132606910		150170499	
9. Total *(Line11, Form 2)*	142552895	146316875	160411989		177967904	

Form 4, Budget Details By Types of Individuals Served (I) and Sources of Other Federal Funds

	FY 2009		FY 2010		FY 2011	
I. Federal-State MCH Block Grant Partnership	**Budgeted**	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
a. Pregnant Women	1754025	3323935	1954333		3084269	
b. Infants < 1 year old	2215005	2155095	2257727		2107339	
c. Children 1 to	8407608	9080382	9693628		8713743	

22 years old						
d. Children with Special Healthcare Needs	6790471	7248435	7244636		7073146	
e. Others	5434818	6452092	5938282		6150537	
f. Administration	623083	729081	716473		668371	
g. SUBTOTAL	25225010	28989020	27805079		27797405	
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	0		0		0	
b. SSDI	100000		94644		100000	
c. CISS	0		0		0	
d. Abstinence Education	0		0		0	
e. Healthy Start	0		0		0	
f. EMSC	115000		130000		130000	
g. WIC	77079734		90344252		91296219	
h. AIDS	1283694		1737355		1577285	
i. CDC	38058480		38108309		53888245	
j. Education	0		0		0	
k. Other						
Eight additional	0		0		3178750	
programs	0		0		0	
Lead & AODA	0		1352000		0	
Various MCHB	0		840350		0	
See Budget Narrative	690977		0		0	

Form 5, State Title V Program Budget and Expenditures by Types of Services (II)

	FY 2009		FY 2010		FY 2011	
	Budgeted	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
I. Direct Health Care Services	12697384	15438332	14934819		14284868	
II. Enabling Services	3706856	3978305	3732347		3378331	
III. Population-Based Services	1009860	1073326	1063030		1313951	
IV. Infrastructure Building Services	7810910	8499057	8074883		8820255	
V. Federal-State Title V Block Grant Partnership Total	25225010	28989020	27805079		27797405	

A. Expenditures

Significant Variances -- Forms 3, 4, and 5 -- Budgeted vs. Expended

Form 3

Program Income
Local family planning/reproductive health projects reported approximately $3.17 million more than budgeted in Program Income - $5,504,165 vs. $8,521,802. This is a result of increased income

earned by these agencies, who charge clients for services on the basis of a sliding fee scale. This significant increase reflects the ongoing rising costs of services and supplies, a larger number of clients served, and more thorough reporting. This large increase in Program Income has been the main factor in creating additional variances regarding Forms 4 and 5 as indicated below.

Form 4

Pregnant
This variance, an increase of $1,569,912 (89%), is due primarily to a $1.01 million increase in Program Income, a $111,000 increase in Match and a $184,000 increase in Maintenance of Effort resources. Modest increases in Title V Local Aids and State Operations expenditures also contributed approximately $165,000.

Other
This variance, an increase of $1,017,274 (18.7%), is due primarily to a $1.17 million increase in Program Income. This Program Income increase was slightly offset by minor decreases in Maintenance of Effort resources and Title V Local Aids expenditures.

Administration
This variance, an increase of $105,264 (17%), is due to an error is due to an error in the 2009 Budgeted calculation. The cost of one position allocated to Administration was inadvertently omitted for the total. When this cost of $49,546 is included, the total Budgeted Administration cost increases to $672,629. The variance then becomes $56,452 or only 8.4%.

Form 5

Direct
This variance, an increase of $2.7 million (21.6%), is due to an increase of $2.7 million in the amount of Program Income provided by local Family Planning/Reproductive Health projects.

B. Budget

The Title V MCH/CYSHCN Program anticipated award of $10,742,842 is budgeted into two broad categories, State Operations and Local Aids.

Please see the attached file (Attachment V.B. - Budget) for full details.
An attachment is included in this section.

VI. Reporting Forms-General Information
Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets
For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

For the detail sheets and objectives for the state performance measures developed from the 2010 needs assessment, refer to TVIS Forms, Form 11 and Form 16 under the section “New State Performance Measure Detail Sheets and Data.

VIII. Glossary
A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note
Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents
A. Needs Assessment
Please refer to Section II attachments, if provided.

B. All Reporting Forms
Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents
Please refer to Section III, C "Organizational Structure".

D. Annual Report Data
This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.